

**Conditional Release**

To be executed when parties have agreed on payment by installments. In case of default, **A SECOND CONDITIONAL RELEASE WILL NOT BE ACCEPTED.** If the notarized release is obtained from the insurance company of the claimant, a subrogation or proof of loss must be furnished. Release need not be notarized if properly witnessed by two **OTHER** persons over eighteen years of age. Witnesses' complete addresses must be furnished.

The following agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between \_\_\_\_\_, person making claim, and \_\_\_\_\_, person making payment.

Now, whereas the person making the claim received damages, property and/or personal injuries, in the amount of \$\_\_\_\_\_ due to the motor vehicle accident which occurred on (Date) \_\_\_\_\_ at (City or County)\_\_\_\_\_.

THEREFORE, the following duly acknowledged written agreement providing for the payment of the above agreed amount in installments is herewith executed in accordance with Title 32-7-7 (4). Code of Alabama.

1. The person making payment hereby agrees to pay the person making claim the sum of \$\_\_\_\_\_ on the \_\_\_\_\_ day of each \_\_\_\_\_ beginning \_\_\_\_\_, 20\_\_\_\_, and to continue such payment until the above agreed amount has been paid in full.

2. The person making the claim in consideration of the above described payments, hereby expressly releases the person making payment from further compliance with the security provisions of the Motor Vehicle Safety Responsibility Act.

3. Both parties hereby agree that the Department of Public Safety may use the agreement in processing this accident, subject to the provision of the laws as to default in payment of any installment. Title 32-7-8 (3). Code of Alabama.

Witness whereof, we have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**WITNESS 1:**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
NOTARY FOR PERSON  
MAKING CLAIM

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
PERSON MAKING CLAIM  
(Or Attorney)

**WITNESS 2:**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
NOTARY FOR PERSON  
MAKING PAYMENT

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
PERSON MAKING PAYMENT  
(Or Attorney)