



MISSOURI DEPARTMENT OF
REVENUE
Installment Agreement

Case Number _____

Agreement Information	City or County of Accident		State of Accident	Accident Date (MM/DD/YYYY) ____/____/____
	Damaged Party		Person Receiving Payment	
	Total Amount Owed	Monthly Payment Amount	Date of First Payment ____/____/____	Final Payment Date ____/____/____
	Driver's Driver License Number		Driver's Date of Birth ____/____/____	
	Owner's Driver License Number (if different from driver)		Owner's Date of Birth (if different from driver) ____/____/____	

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I or We the undersigned, hereby agree to effect settlement of a claim for damages and/or personal injuries suffered by the damaged party.	
	Driver's Signature (Party Agreeing to Pay)	Owner's Signature, if different from Driver (Party Agreeing to Pay)
	Date (MM/DD/YYYY) ____/____/____	Date (MM/DD/YYYY) ____/____/____

Notary Required	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
		State	County (or City of St. Louis)	My Commission Expires
		Notary Public Signature		
Notary Public Name (Typed or Printed)				

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I or We, the undersigned, accept the above agreement.	
	Signature (Party Receiving Payment)	Signature (Party Receiving Payment)
	Date (MM/DD/YYYY) ____/____/____	Date (MM/DD/YYYY) ____/____/____

Notary Required	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
		State	County (or City of St. Louis)	My Commission Expires
		Notary Public Signature		
Notary Public Name (Typed or Printed)				

Under the Missouri Financial Responsibility Law, upon notice of default in the agreement by the party or parties agreeing to make payment, the operating and registration privileges will be suspended.

Mail to: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 751-7195
Fax: (573) 526-7365
E-mail: dlbmail@dor.mo.gov

Visit dor.mo.gov/drivers/
for additional information.

Form 1210 (Revised 05-2013)

