Driver Solutions
300 SW 29th Street
PO Box 12021
Topeka KS 66601-2021
Mark A. Burghart, Secretary

Kansas
Department of Revenue
Division of Vehicles

Phone: (785) 296-3671
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Laura Kelly, Governor

AFFIDAVIT

Name _____ Date of Birth _____

Driver's License Number _____ Social Security Number _____

Being first duly sworn, do affirm and state the following:

☐ I have not had a lawsuit or judgement filed against me, no government property was damaged and no minors were involved as a result of the accident that occurred on: _____ (Date of Accident)

☐ I have not had a lawsuit or judgement filed against me, no government property was damaged and minors were involved, however 8 years has passed or the minor has reached the age of 19, as a result of the accident that occurred on: _____ (Date of Accident)

☐ I am no longer a resident of the state of Kansas. My new address is as follows:

_____ (Address) _____ (City) _____ (State) _____ (Zip)

☐ I do not currently own a motor vehicle.

☐ I am the parent or legal guardian of the minor(s) listed below that were involved in the accident that occurred on: _____ (Date of Accident)

Minor #1: _____ First & Last Name _____ Date of Birth

Minor #2: _____ First & Last Name _____ Date of Birth

Minor #3: _____ First & Last Name _____ Date of Birth

Signature: _____ Date: _____

STATE OF _____)
) SS.
COUNTY OF _____)

The above named person appeared before me, a notary public, and executed the foregoing instrument this _____, day of _____, _____.

_____
Notary Public

My appointment expires: _____