



SECURITY DEPOSIT ASSIGNMENT

MV3216 7/2025 s.344.20 Wis. Stats.

Wisconsin Department of Transportation
Uninsured Motorist Unit
PO Box 7983
Madison, WI 53707-7983



The section below should be completed by the Depositor (the uninsured or their agent.)

Please print clearly.

Security Amount Assigned \$		Accident Date MM - DD - YYYY M M D D Y Y Y Y	File No. SR- 1 2 3 4 5 6
Depositor Name 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43		Assigned To	
Depositor Mailing Address		Assignee Mailing Address	
City, State, ZIP Code		City, State, ZIP Code	

I, the depositor, assign the above sum to the claimant / releasing party from the security deposited as a result of this accident. I further specify that the balance of the deposit (if any), shall be returned to me at the above address. In consideration of this assignment, the uninsured driver and uninsured owner are furnished with a release of liability signed by the claimant / releasing party on the bottom of this form.

X

(Depositor)

(Date)

State of Wisconsin)
(Date)
)ss.
County)

On the above date, this instrument was acknowledged before me by the named person(s).

(Signature, Notary Public, State of Wisconsin)

(Print or Type Name, Notary Public, State of Wisconsin)

(Date Commission Expires)

LIABILITY RELEASE

The section below should be completed by the person receiving the money (the damaged party.)

Please print clearly.

Uninsured DRIVER Name and Address 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43																																										
Uninsured OWNER Name and Address 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43																																										
Release/Security Amount (must = "Security Amount Assigned" from above) \$																																						Accident Date				

For and in consideration of the "Release Amount" to be paid to me from the security deposit assigned on the top of this form, the undersigned does release and forever discharge the above uninsured driver and uninsured owner of all claims and causes of action resulting from this accident.

It is also understood that this release discharges all liability between the undersigned and the parties named only. The parties expressly reserve the right to pursue other claims or causes of action against all others who are or may be liable in the above accident.

THIS RELEASE MUST BE WITNESSED

RELEASING PARTIES

(Witness Signature)

(Signature)

(Date)

(Print or Type Name)

(Witness Signature)

(Signature)

(Date)

(Print or Type Name)

If court action is on file, a certified copy of the final dismissal must also accompany the assignment and release.

Assignment to insurance companies can be honored ONLY when accompanied by a signed subrogation receipt.