



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Statement of Non-Litigation**

Case Number																			
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I, \_\_\_\_\_, do hereby state that I was involved in a motor vehicle accident on \_\_\_ / \_\_\_ / \_\_\_ , as a vehicle operator or owner, that one year has elapsed since the accident, and I have not been served with any papers naming me as a defendant in any action of law because of injuries or damages resulting from this accident. The other parties involved were \_\_\_\_\_

(MM/DD/YYYY)

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature	Driver License Number	Date (MM/DD/YYYY) ___ / ___ / ___
	Address		
	City	State	Zip Code

Form 1398 (Revised 05-2013)

**Mail to:** Driver License Bureau  
 301 West High Street, Room 470  
 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/](http://dor.mo.gov/drivers/)  
 for additional information.

