



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
TRADE PRACTICES DIVISION, LEMON LAW UNIT
AUTOMOBILE DISPUTE SETTLEMENT PROGRAM
REQUEST FOR ARBITRATION

INSTRUCTIONS

1. Read the entire **Back In The Driver's Seat** booklet before completing this application. We realize that application is lengthy, but we have found that all the information is essential to a timely and equitable resolution. Please call the Lemon Law office at (860) 713-6120 or 1-800-538-CARS if you have any questions regarding the application form.
2. Type or print, using black ink, the answers to all questions. Be accurate and thorough, brief where indicated. Please do not respond to a question by writing "*see attached*" as documents are considered evidence supporting your response. If additional space is needed, use blank sheets of paper and reference the section being continued. Use 8-1/2" x 11" paper for additional information. Please do not write on the reverse side of any page and do not staple or tape pages together.
3. A \$50.00 filing fee must accompany this application. If your case does not qualify for arbitration the fee will be returned. Make checks payable to the "*Department of Consumer Protection*". **DO NOT SEND CASH.**
4. The owner(s) of the vehicle specified in this application must sign the Agreement to Arbitrate on Page 11 in the presence of a notary public or Commissioner of Superior Court. If a corporation owns the vehicle, an officer of the company must sign the Agreement to Arbitrate and represent the company in the arbitration proceedings.
5. If required in the warranty or owner's manual, you must send written notification to the manufacturer at the address indicated in the warranty or owner's manual of your intent to file a complaint under lemon law. Please provide a copy of the letter sent to the manufacturer with your Request for Arbitration.
6. Submit the Request for Arbitration, required documents, and filing fee to:

Department of Consumer Protection
Automobile Dispute Settlement Program
165 Capitol Avenue, Room 110
Hartford, Connecticut 06106

Request for Arbitration

FOR OFFICIAL USE ONLY
CASE #
RECEIVED
COMPLETED

OWNER(S) INFORMATION:

Name of Owner(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: (Indicate name if more than one owner) _____

Home () _____ Work () _____

VEHICLE INFORMATION:

Year _____ Make/Manufacturer _____ Model _____

Mileage at the time of purchase _____ Current Mileage _____

Is the transmission automatic or standard? _____

Vehicle Identification Number: _____

Purchase Date _____ Delivery Date _____

Contract Price _____

Did you receive a manufacturer's rebate? _____ If yes, amount _____
 YES NO

Was it deducted at the time of purchase or sent to you after the vehicle was purchased? _____

If the vehicle is financed and you were to prepay your loan, what is the current payoff * balance of the loan? \$ _____
as of _____ (date). (* This differs from the balance of your loan. This information is available from your lending institution.)

Date last payment made _____

Selling Dealership _____

Street Address _____

City _____ State _____ Zip Code _____

Are you the original owner? YES NO If no, name and address of the original owner(s), if known _____

LEASED INFORMATION:

Complete only if the vehicle is leased. The lemon law allows the leasing company to participate in the arbitration procedure. You must notify the company by a certified or registered letter of your intent to file for an arbitration hearing **before** you submit the Request for Arbitration form to the Automobile Dispute Settlement Program. Include a copy of the postal receipt confirming the use of certified or registered mail.

Name of Leasing Company _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone () _____

What is the payoff balance of the lease without purchase option? _____

What is the amount of the purchase option? _____

On the following pages provide information regarding all repair attempts. List each repair attempt on a separate page. Begin with the first occurrence. Be sure to include all pertinent information such as problems you experienced with your vehicle, any towing charges, work performed, what the servicing dealer told you, etc. If known, give name and title of the person with whom you spoke. If you wrote to the dealer or manufacturer, provide a copy of the correspondence.

FIRST REPAIR:

FROM (Date):		TO (Date):	
Number of days the vehicle was in the shop for this service			
Repair Order Number		Mileage	
Servicing Dealer			
Street Address			
City		State	Zip Code
Was the repair covered by the terms of the manufacturer's new car warranty?			
Amount you paid for this repair including a deductible, if any.			

Describe the nature of the problem(s):

Indicate the repair(s) performed including the name and title, if known, of any person performing the repairs. Indicate the business address of the person performing the repairs if different from the servicing dealership.

SECOND REPAIR:

FROM (Date):		TO (Date):	
Number of days the vehicle was in the shop for this service			
Repair Order Number		Mileage	
Servicing Dealer			
Street Address			
City		State	Zip Code
Was the repair covered by the terms of the manufacturer's new car warranty?			
Amount you paid for this repair including a deductible, if any.			

Describe the nature of the problem(s):

Indicate the repair(s) performed including the name and title, if known, of any person performing the repairs. Indicate the business address of the person performing the repairs if different from the servicing dealership.

THIRD REPAIR:

FROM (Date):		TO (Date):	
Number of days the vehicle was in the shop for this service			
Repair Order Number		Mileage	
Servicing Dealer			
Street Address			
City		State	Zip Code
Was the repair covered by the terms of the manufacturer's new car warranty?			
Amount you paid for this repair including a deductible, if any.			

Describe the nature of the problem(s):

Indicate the repair(s) performed including the name and title, if known, of any person performing the repairs. Indicate the business address of the person performing the repairs if different from the servicing dealership.

FOURTH REPAIR:

FROM (Date):		TO (Date):	
Number of days the vehicle was in the shop for this service			
Repair Order Number		Mileage	
Servicing Dealer			
Street Address			
City		State	Zip Code
Was the repair covered by the terms of the manufacturer's new car warranty?			
Amount you paid for this repair including a deductible, if any.			

Describe the nature of the problem(s):

Indicate the repair(s) performed including the name and title, if known, of any person performing the repairs. Indicate the business address of the person performing the repairs if different from the servicing dealership.

For any additional repairs, please include a separate page for each repair and follow the same format.

Answer the following questions.

IF YOU PURCHASED OR LEASED THE VEHICLE ON OR BEFORE SEPTEMBER 30, 1998
THIS QUESTION IS APPLICABLE.

1. What is the total number of days the vehicle was at the dealership by reason of repair during the first 18,000 miles or two (2) years, whichever occurred first? _____

IF YOU PURCHASED OR LEASED THE VEHICLE ON OR AFTER OCTOBER 1, 1998
THIS QUESTION IS APPLICABLE.

2. What is the total number of days the vehicle was at the dealership by reason of repair during the first 24,000 miles or two (2) years, whichever occurred first? _____

3. What are the total number of days the vehicle was at the dealership by reason of repair from the purchase date to the present? _____

4. Are you currently driving the vehicle? YES [] NO [] If r [] explain.

5. Were you ever refused service of the vehicle by the dealer? YES [] D [] If ye [] explain.

6. Has the vehicle ever been in an accident or sustained damage? YES [] NO [] If [], please explain.

Indicate the date of the incident and include a copy of estimates, repair orders and the accident report.

Has the damage been repaired? YES [] NO []/es, where was the vehicle repaired?
Amount of repairs \$ _____

Were the repairs covered by the manufacturer's new car warranty? YES [] NO [] []

7. What is the period of the warranty? (months/mileage)
Basic New Car Warranty: _____ months/_____ miles
Power Train Warranty: _____ months/_____ miles
Extended Warranty: _____ months/_____ miles

From whom was the extended warranty purchased?

Date of purchase _____ Purchase Price _____

Include a copy of the extended warranty with your Request to Arbitrate.

7. Have you notified the manufacturer (not the dealer) about the defect(s)? _____
[] By telephone []/writing

Include copies of all written correspondence. If yes, please complete the following:

Name (Title) and Address of Contact. _____

Date of Contact _____

Result of Contact. _____

Name (Title) and Address of Contact. _____

 Date of Contact _____
 Result of Contact. _____

8. Have you participated in any other arbitration or mediation program regarding this vehicle?
 YES NO Did you accept the award? _____

If yes, provide a copy of the award.

9. Select one of the following types of hearings. (Refer to the Back to the Driver's Seat booklet for an explanation of oral and documentary hearings.)

 Oral Hearing. If possible, bring your vehicle to the scheduled hearing.

 Documentary Hearing. If the arbitrators order an inspection of your vehicle, one will be scheduled after the hearing.

10. If you intend to be represented by an attorney, complete the following. All correspondence will be directed to your attorney.

Attorney's Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Telephone Number () _____

Request for Arbitration

11. The arbitration panel will ultimately determine a fair and equitable decision. Please select one of the following options to indicate what you believe would be a fair resolution.

A) ***REPLACEMENT** with an identical or comparable vehicle. Include information relative to factory or dealer installed options, design characteristics, or color choices that would be essential in any replacement vehicle; **or,**

*possibly not applicable to leased vehicles

B) **REFUND** of the contract price. Note: Arbitrators may deduct an allowance for consumer's use of the vehicle. Indicate if applicable, why you feel you should not be assessed a mileage usage fee for the miles you were able to drive the vehicle. Finance charges are normally reimbursed only for the days the vehicle was in for repair. Explain if applicable, why you feel you should be reimbursed for any finance charges; **or,**

C) **OTHER**

12. **TO BE ELIGIBLE FOR AN AWARD**, there must be a substantial loss of use, safety or value. Explain how the substantial loss of use, safety or value of this vehicle has been impaired. Briefly, describe the current condition of the vehicle and list any defect (s) that still exist.

13. List any additional reimbursements you are seeking. Indicate why you feel the panel should award the reimbursement. Examples include: towing charges, rental costs, options or modifications, costs or estimates regarding property or injury to a person, attorney's fees, cost of an extended warranty, out of pocket cost for warranty repairs including any deductible amounts you were required to pay, etc.

Item: _____

Date: _____

Cost: _____

Reason: _____

Item: _____

Date: _____

Cost: _____

Reason: _____

Item: _____

Date: _____

Cost: _____

Reason: _____

Item: _____

Date: _____

Cost: _____

Reason: _____

Item: _____

Date: _____

Cost: _____

Reason: _____

Item: _____

Date: _____

Cost: _____

Reason: _____



14. Have you modified the vehicle in any way? YES NO (Do not include manufacturer covered options that were on your vehicle at the time of purchase.) If YES, complete the following. Include receipts and warranty information with the application.

Modification:

Facility where installed	
Work Order Number	Date of Installation
Warranty issued by dealer, manufacturer, other	
Cost:	Mileage:

Modification:

Facility where installed	
Work Order Number	Date of Installation
Warranty issued by dealer, manufacturer, other	
Cost:	Mileage:

Modification:

Facility where installed	
Work Order Number	Date of Installation
Warranty issued by dealer, manufacturer, other	
Cost:	Mileage:

15. List any routine maintenance performed on this vehicle (oil changes, tune-up, etc.). If you performed your own maintenance, you are still required to complete the list.

Type of Maintenance		
Facility		
Work Order Invoice Number		
Date	Cost	Mileage

Type of Maintenance		
Facility		
Work Order Invoice Number		
Date	Cost	Mileage

Type of Maintenance		
Facility		
Work Order Invoice Number		
Date	Cost	Mileage

AGREEMENT TO ARBITRATE

I submit this dispute to the Department of Consumer Protection, Automobile Dispute Settlement Program for arbitration. Said arbitration shall be governed in all aspects by the provisions of Section 42-181 of the Connecticut General Statutes and the regulations promulgated thereunder, including the scope of the issues submitted, eligibility criteria, remedies and operating procedures.

I understand that the arbitration award is equally binding as to the "Lemon Law" rights of both parties. According, once the award is rendered, I understand that either party to the dispute may apply to the Superior Court to have award confirmed, vacated, modified or corrected as provided in Section 42-181, 52-417, 52-418, 52-419, and 52-420 of the Connecticut General Statutes.

I understand that I may be represented by private legal counsel in any arbitration hearing and that if I choose to be so represented I must notify the Department of Consumer Protection of the name, address and telephone number of such counsel at least two days prior to the date of the arbitration hearing. If the attorney information appears on this application, no additional notification is required.

I understand that I shall have no contact, other than at the scheduled arbitration hearing, with any arbitrator assigned to this dispute and that all necessary communication shall be addressed to the Department of Consumer Protection.

I verify that the information provided is true, accurate and complete to the best of my knowledge. I understand that the penalty for willfully making a false statement is a maximum fine of one thousand dollars (\$1,000.00) and/or one year imprisonment (Connecticut General Statutes, Section 53a-157).

Owner Date

Owner Date

STATE OF

COUNTY OF

Subscribed and sworn to before me on this _____ day of _____, 20____.

Commissioner of the Superior Court or, Notary
Public
My Commission Expires: _____

CHECK LIST

Submit legible copies.

Do not write on the back of pages.

Do not staple pages together.

Submit additional information on 8-1/2" x 11" paper.

- Is the application notarized?
- Did you include the \$50.00 filing fee payable to the Department of Consumer Protection?
- Copy of all work orders
- Copy of the original sales contract
- Copy of the motor vehicle registration
- Copy of the finance agreement, if financed
- Copy of the title, if the vehicle is not financed
- Copy of the ENTIRE manufacturer's new car warranty book, (not owner's manual), including the front cover that has your name, address, and Vehicle Identification Number. **Do not submit the original book.**
- A copy of the written notification to the manufacturer, if required.
- Copy of any receipts for:
 - ✓ routine maintenance
 - ✓ modifications to your vehicle
 - ✓ extended warranty
 - ✓ any items for which you are seeking reimbursement
 - ✓ repairs that are not covered by the manufacturer's new car warranty
 - ✓ accident information: police report, correspondence with insurance company, etc.

Leased Vehicles:

- Copy of the lease agreement
- copy of the certified or registered letter to the leasing company and a copy of the postal receipt

NOTICE: The public has the right to observe arbitration hearings. Documents submitted by consumers or manufacturers are public records. Hearings are held at:

**Department of Consumer Protection
165 Capitol Avenue, State Office Building
Room 157
Hartford, Connecticut 06106**