



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection

LEMON LAW UNIT

P.O. Box 45026

Newark, New Jersey 07101

(973) 504-6226

(800) 242-5846



E-MAIL: lemonlaw@dca.lps.state.nj.us
WEBSITE: www.state.nj.us/lps/ca/home.htm

Instructions for Completing the Application for Lemon Law Dispute Resolution

Please complete the attached application either by typing or printing legibly in dark ink. Be accurate and thorough. You must attach a clear **copy** of all relevant documents, including the sales contract or lease agreement, service or work orders and correspondence between you and the manufacturer, or its authorized dealer, relating to the problem(s). **Do not send your original documents.**

Sign and return the completed application, together with **a copy** of each document, to the New Jersey Division of Consumer Affairs, Lemon Law Unit, P.O. Box 45026, Newark, NJ 07101.

The Lemon Law Unit will review your application for completeness and eligibility. If the application is accepted, you will be notified and asked (only after acceptance) to forward a filing fee of \$50. Do not send the filing fee until you are notified to do so. If your application is rejected, it will be returned to you with a statement of the reason(s) for its rejection.

Please remember to sign and date the application. Your failure to complete any questions or submit all of the required documents may result in the rejection of your application.

Notice

The decision of the Director of the Division of Consumer Affairs under this program is binding on both parties, subject to a right of appeal to the Superior Court by either party. You may wish to consult an attorney before participating in this program, since the manufacturer will be represented by an attorney.



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Lemon Law Dispute Resolution Application

Consumer Information

<p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>HOME TELEPHONE NUMBER: _____ <small>(INCLUDE AREA CODE)</small></p> <p>WORK TELEPHONE NUMBER: _____ <small>(INCLUDE AREA CODE)</small></p> <p>FAX TELEPHONE NUMBER: _____ <small>(INCLUDE AREA CODE)</small></p> <p>E-MAIL ADDRESS: _____</p>	<p>FOR OFFICE USE ONLY</p> <p>L.L. case number: _____</p> <p>Assigned to: _____</p> <p>Date accepted: _____</p> <p>O.A.L. docket number: _____</p> <p>Date completed: _____</p> <p>Approved by: _____</p>
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For statistical and informational purposes only. Your age: 18-29 30-44 45-59 60 or older

Attorney Information (If an attorney is going to represent you, please provide the following information.)

Attorney's name: _____

Law firm: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone number: _____ FAX number: _____
(include area code) (include area code)

Vehicle Information

- Is the vehicle registered in New Jersey? Yes No
If "No," was the vehicle purchased or leased in New Jersey? Yes No
- Manufacturer: _____
Make: _____ Model: _____
Year: _____ Color: _____ Body type: _____
- Is your vehicle normally used for commercial purposes? Yes No
- What was the mileage on delivery? _____ Present mileage: _____
- Date of delivery: _____
Month Day Year

6. The vehicle identification number (the VIN can be found on the registration):

7. Dealer from which the vehicle was purchased or leased:

Name: _____ Telephone number : _____
(include area code)

Street Address: _____

City: _____ State: _____ ZIP code: _____

8. Company to which you make monthly payments:

Name: _____ Telephone number : _____
(include area code)

Street Address: _____

City: _____ State: _____ ZIP code: _____

Please provide the loan or lease account number: _____

Financial Information (You should review your sales or lease agreement for the costs.)

9. Total sales price, including: any fees, taxes and finance charges _____

10. Less any rebates - _____

11. **Total purchase price (Subtract number 10 from number 9)** = _____

12. Other costs, including: any towing charges, rental fees, cost of modifications _____

13. Cash amount paid at the time of purchase, including: security deposit and trade-in allowance + _____

14. Total amount of monthly payments made to date (_____) X (_____) + _____
monthly payment the number of months

15. **Total amount paid (Add numbers 12, 13 and 14)** = _____

Nonconformity Repair Information

16. Briefly describe the defect which substantially impairs your vehicle's use, value or safety. (Use additional sheets of paper if needed.)

17. Is this defect the result of your abuse, neglect or an unauthorized modification or alteration? Yes No

If "Yes," please explain: (Use additional sheets of paper if needed.) _____

18. Have you notified the manufacturer of the defect, by **certified mail**, return receipt requested? Yes No

What was the certified mail return receipt date? _____ What was the vehicle's mileage at the time? _____

19. Was there a final repair attempt? Yes No

If "Yes," what was the date of the final repair attempt? _____

What was the vehicle's mileage at the time of the final repair attempt? _____

If "No," please explain: _____

20. Was the vehicle ever repaired by anyone other than a dealer authorized by the manufacturer? Yes No

If "Yes," by whom? _____

21. If you answered "Yes" to question number 20, was that repair authorized by the manufacturer or its dealer? Yes No

22. What was the date you first presented your vehicle to the dealer for repair of the defect? _____

What was the vehicle's mileage at the time? _____

23. If your vehicle experienced one or more defects, was the car out of service due to repairs for a total of 20 or more days?

If "Yes," how many days? _____ Yes No

24. Give a chronology of the repair attempts for the defect.

Brief description of problem(s)

1 st Defect	Date	Mileage	Days out of service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2 nd Defect	Date	Mileage	Days out of service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25. Do any of the problems continue to exist? Yes No

If "Yes," please explain: (Use additional sheets of paper if needed.) _____

26. Please check one:

- The defect substantially impairs the use, value or safety of the vehicle.
- The defect is a "serious safety defect" which is likely to cause death or serious bodily injury if the vehicle is driven.

Additional Information

27. Have you previously participated in any arbitration for the nonconformity for which you are now seeking relief? Yes No

If "Yes," what was the date of the final arbitration decision? _____

Did you accept the decision? Yes No

If "Yes," please explain and give the current status: (Use additional sheets of paper if needed.)

I certify that the manufacturer has not yet given me a refund or replacement, and that all statements made in connection with this request for dispute resolution are true to the best of my knowledge. I understand that this document and its attachments are a part of the public record.

I am aware that I can participate in the dispute resolution process regarding this motor vehicle **only once** and that further applications will not be accepted after a final decision is issued in this case.

Signature

Date

If you have not already done so, please attach a **copy (do not send the original)** of the following documents:

- Final repair opportunity letter to the manufacturer
- Certified mail return receipts
- All relevant evidence of repair attempts
- Sales invoice
- All towing charges, rental fees, expert witness fees and legal fees
- Purchase order
- Finance agreement
- Lease agreement
- Work orders/repair invoices
- Vehicle registration