



## ***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](mailto:lemonlaw@dca.lps.state.nj.us)  
WEBSITE: [www.state.nj.us/lps/ca/home.htm](http://www.state.nj.us/lps/ca/home.htm)

## **Instructions for Completing the Application for New Car 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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## New Car Lemon Law Dispute Resolution Application

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Lemon Law Unit may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

### Consumer Information

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOME TELEPHONE NUMBER: _____ <small>(INCLUDE AREA CODE)</small> WORK TELEPHONE NUMBER: _____ <small>(INCLUDE AREA CODE)</small> FAX TELEPHONE NUMBER: _____ <small>(INCLUDE AREA CODE)</small> E-MAIL ADDRESS: _____	<b>FOR OFFICE USE ONLY</b>  L.L. case number: _____ Assigned to: _____ Date accepted: _____ O.A.L. docket number: _____ Date completed: _____ Approved by: _____
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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)  
E-MAIL ADDRESS: \_\_\_\_\_

### Vehicle Information

1. Is the vehicle registered in New Jersey?  Yes  No  
If "No," was the vehicle purchased or leased in New Jersey?  Yes  No  
2. Manufacturer: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_ Body type: \_\_\_\_\_  
3. Is your vehicle normally used for commercial purposes?  Yes  No

4. What was the mileage on delivery? \_\_\_\_\_ Present mileage: \_\_\_\_\_
5. 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

9. Please attach a copy of all sales or lease documents and receipts.
10. Other costs, including: any towing charges, rental fees and/or cost of modifications.  
 Please specify and attach receipts \_\_\_\_\_ .

### Nonconformity Repair Information

11. Briefly describe the defect which substantially impairs your vehicle's use, value or safety.  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Is this defect the result of your abuse, neglect or an unauthorized modification or alteration?  Yes  No  
 If "Yes," please explain: \_\_\_\_\_  
 \_\_\_\_\_
13. 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? \_\_\_\_\_
14. 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: \_\_\_\_\_  
 \_\_\_\_\_
15. Was the vehicle ever repaired by anyone other than a dealer authorized by the manufacturer?  Yes  No  
 If "Yes," by whom? \_\_\_\_\_
16. If you answered "Yes" to question number 15, was that repair authorized by the manufacturer or its dealer?  Yes  No
17. 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? \_\_\_\_\_
18. 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

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

**Brief description of problem(s)**

1 <sup>st</sup> Defect	Date	Mileage	Days out of service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2 <sup>nd</sup> Defect	Date	Mileage	Days out of service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_

21. 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**

22. 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