

DEMAND FOR ARBITRATION FILING INSTRUCTIONS

A **Demand for Arbitration** will be docketed for a hearing when it is completed in full as applicable, accompanied by the information requested within **Enclosures** and submitted per the **Filing Instructions** itemized below. The claim will be returned if relevant enclosures are omitted. Please remember the preparation and presentation of the case is your responsibility.

SECTION 1.	Enter your name, mailing address, applicable telephone numbers and e-mail address. Enter the manufacturer's name and zone office mailing address. The zone office addresses are available at LemonLaw.vermont.gov.
SECTION 2.	Complete the vehicle description and information sections as applicable.
SECTION 3.	Choose a refund or replacement vehicle and describe the defect (or defects).
SECTION 4.	Check all that apply.
SECTION 5.	Choose ONE filing method and complete the requested information. Enclose repair orders and summary history.
SECTION 6.	<u>OPTIONAL</u> – Use only when necessary. Enter the person's name with daytime phone number and address (Vermont only) to whom a subpoena is to be issued. Service of the subpoena is your responsibility. Procedural information will be forwarded to you with the subpoena and hearing notice.
SECTION 7.	Specify requested documents. If claiming 30 days out of service, request the technician's time stamps to assist in documenting days out.
SECTION 8.	Read and complete the certification section. Sign and date the Demand.

ENCLOSURES

Include a copy, if applicable, of the following documents with the Board's and Manufacturer's Demand copy:

- VEHICLE PURCHASE CONTRACT** - itemizes purchase price, trade-in allowance (positive or negative), rebate, discounts, non-cash credit, options as of the date of purchase and motor vehicle and documentation fees, and usually includes the dealership's business logo. The purchase contract is not a Retail Installment Contract, Dealer's Report of Sale, or Purchase Order.
- If the vehicle is/was financed: a) finance contract; b) **WRITTEN STATEMENT** from the financial institution **VERIFYING TOTAL INTEREST PAID** with the collateral identified; and c) Vermont Disclosure form relating to the amount financed in a motor vehicle retail installment contract for vehicles purchased on or after July 1, 2006. Enclosure (c) should be attached to the retail installment contract by dealer.
- LEASE AGREEMENT** - Enter the titleholder's/lease assignee's (not the dealer's) name and address within Section 2 of the Demand.
- A copy of the **MANUFACTURER'S EXPRESS WARRANTY** for the claimed defect(s)/condition(s). The warranty term, covered components and exclusions should be included. Any optional extended warranty or service contract, which you may have purchased, is not applicable.
- REPAIR ORDERS OR WRITTEN EXAMINATION REPORTS** - (The **FINAL REPAIR ORDER** should be filed when completed.)
- Itemized** documentation of the **INITIAL MOTOR VEHICLE FEES** (registration, title, etc.) paid to the Vermont Department of Motor Vehicles, to the DMV of another state, including purchase and use tax, or documentation from a state's applicable entity as through property taxes.
- A copy of your **VEHICLE REGISTRATION** and **INSURANCE CERTIFICATES**. (The inspection sticker must be current.)

If your claim is for "3 times out," filing method A

- Submit a repair history summary for each claimed condition and include written confirmation the condition(s) filed for was present as of the date of filing, as documented within Section 8 of the Demand. If the defect/condition was not present as of the date of filing, the Board does not have jurisdiction over the Demand.

If your claim is for "30 days," filing method B

- Prepare a chronology of **warranted** repair orders with repair order number, dates, mileage and number of days out of service with a repair summary. For a day to be counted, the vehicle must have been unavailable for your use for the major portion of an 8-hour work day (4 hours) by reason of being under the control of the manufacturer, its agent or authorized dealer for repair. Optional extended warranties or service contracts purchased are not applicable.
- Paid bills, invoices, or receipts supporting a request for consequential/incidental damages.

FILING INSTRUCTIONS

- ▶ **Mail the ORIGINAL COPY** with enclosures to: New Motor Vehicle Arbitration Board, 14 Baldwin Street, Montpelier, VT 05602.
- ▶ **Mail the SECOND COPY** with enclosures to the **manufacturer's zone office**, not to the dealer. Certified mail is recommended.
- ▶ **Keep the THIRD COPY for your records. Retain enclosure originals.**



1	CONSUMER NAME(S)			MANUFACTURER NAME & ZONE OFFICE MAILING ADDRESS		
	MAILING ADDRESS					
	CITY/TOWN		STATE	ZIP CODE		
	TELEPHONE NUMBERS			DEALERSHIP WHERE VEHICLE WAS PURCHASED OR LEASED		
	HOME	DAYTIME	CELL PHONE			
FAX		E-MAIL ADDRESS		DEALERSHIP NAME(S) WHERE ENCLOSED REPAIRS OCCURRED		

VEHICLE DESCRIPTION & INFORMATION

2	YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)		
	PURCHASE PRICE (exclude financing/fees)		LEASED VEHICLE'S AGREED UPON VALUE AS IDENTIFIED IN CONTRACT	PURCHASE/LEASE DATE		ODOMETER READING AS OF DATE OF PURCHASE OR LEASE
	ODOMETER READING AT 1 ST REPAIR FOR WARRANTED DEFECT OR AT 1 ST DAY OUT OF SERVICE FOR A 30-DAY CLAIM		TRUCK GROSS VEHICLE WEIGHT RATING (The GVWR is usually on a label inside the driver's door.)		MANUFACTURER'S EXPRESS (WRITTEN) WARRANTY (Any optional extended warranty is not applicable.)	
	FINANCIAL ENTITY, WITH MAILING ADDRESS, WHICH HOLDS THE VEHICLE'S TITLE. IF NO LOAN, ENTER N/A.			If loan was refinanced, list name/address of institution. If loan has been "paid in full," enter PIF and submit documentation of interest paid.		

3 I hereby demand a hearing and a REFUND **OR** REPLACEMENT VEHICLE because the vehicle does not conform to the manufacturer's express warranty. It has the following defect(s) as of the date of filing, OR the vehicle has been out of service 30 days within the express warranty for repair(s) of:

4 The defect(s) substantially impairs the vehicle's: Use Market Value Safety.

5	Filing Method A	CHOOSE ONE ONLY 	Filing Method B
	<input type="checkbox"/> The dealer has attempted to repair the defect(s) on these dates: 1 st _____ Submit copies of repair orders from manufacturer, its agent or authorized dealer for each claimed defect. 2 nd _____ 3 rd _____		<input type="checkbox"/> The vehicle has been out of service for repair of warranted defects for 30 or more calendar days. Submit copies of repair orders with a chronology of days when the vehicle was at the dealer for a major portion of each day.

6	OPTIONAL I request a subpoena for service on person(s) listed at right. Jurisdiction is in Vermont only. I agree to pay reasonable expenses incurred by persons appearing under subpoena, per § 1551 of 32 V.S.A.	1. Name	Daytime Phone Number	
		Daytime Address		City/Town
		2. Name	Daytime Phone Number	
		Daytime Address		City/Town

7 I request the manufacturer furnish legible copies of the following documents to me and the Board **UPON RECEIPT OF THIS DEMAND**:

8 I certify a copy of this Demand with enclosures has been mailed to the MANUFACTURER, not dealer, on ____ / ____ / ____ . In doing so, I hereby elect to proceed under the Vermont New Motor Vehicle Arbitration Act instead of the manufacturer's dispute settlement mechanism. I further certify any payments due on the vehicle are up-to-date and will continue to be current.

Signature of Consumer(s)

Date

MAIL THE ORIGINAL COPY WITH ENCLOSURES TO THE NEW MOTOR VEHICLE ARBITRATION BOARD, MAIL THE SECOND COPY TO THE VEHICLE MANUFACTURER, NOT THE DEALER, WITH ENCLOSURES and RETAIN THE THIRD COPY FOR YOUR RECORDS.



1	CONSUMER NAME(S)			MANUFACTURER NAME & ZONE OFFICE MAILING ADDRESS		
	MAILING ADDRESS					
	CITY/TOWN		STATE	ZIP CODE		
	TELEPHONE NUMBERS					DEALERSHIP WHERE VEHICLE WAS PURCHASED OR LEASED
	HOME	DAYTIME	CELL PHONE			
FAX			E-MAIL ADDRESS		DEALERSHIP NAME(S) WHERE ENCLOSED REPAIRS OCCURRED	

VEHICLE DESCRIPTION & INFORMATION

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