



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 the 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 "**Treasurer – State of Connecticut**". DO NOT SEND CASH.
4. The purchaser(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 application, and annotate page 7 question 7 accordingly.
6. Submit the Request for Arbitration, required documents, and filing fee to:

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

Request for Arbitration

For office use only:
Case number: _____
Received: _____
Completed: _____

Owner (s) Information

Name of purchaser (s):		
Street address:		
City:	State:	Zip code:
Telephone: (indicate name if more than one purchaser)		
Home: ()	Work: ()	
Vehicle information:		
Year:	Make / Manufacturer:	Model:
Mileage at the time of purchase:		Current mileage:
Do you have an automatic or standard transmission:		
Vehicle identification number:		
Purchase date:		Delivery date:
Did you receive a manufacturer's rebate?		If yes, what amount:
Selling dealer:		
Address:		
City:	State:	Zip code:
Are you the original purchaser? If no, name and address of the original purchaser (s) if known		

Leasing 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. The leasing company address where you need to write to appears on the vehicle registration under "Registrants"

Name of leasing dealer:		
Address:		
City:	State:	Zip code:

Name of leasing company:		
Address:		
City:	State:	Zip code:

If you intend to be represented by an attorney, or a third party complete the following. All Correspondence will be directed to the party representing you.		
Attorney's Name		
Street Address		
City	State	Zip Code
Telephone Number ()		
Third Party's Name		
Street Address		
City	State	Zip Code
Telephone Number ()		

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 the manufacturer, provide a copy of the correspondence. **Keep in mind our cases are public; please remove any and all personal information.**

Request for Arbitration

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.

Request for Arbitration

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.

Request for Arbitration

ADDITIONAL REPAIRS:		
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.

Request for Arbitration

ADDITIONAL REPAIRS:		
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.

Request for Arbitration

Answer the following questions.

1. 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? _____

2. Are you currently driving the vehicle? _____ If no, please explain.

3. Were you ever refused service of the vehicle by the dealer? _____ If yes, explain.

4. Has the vehicle ever been in an accident or sustained damage? _____ If yes, explain.

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

Has the damage been repaired? _____ If yes, where and when was vehicle repaired?

Were the repairs covered by the manufacturer's new car warranty? _____

5. What is the period of the new car warranty? (years / miles)

Basic new car warranty: _____ years / _____ miles

Power train warranty: _____ years / _____ miles

Extended warranty: _____ years / _____ miles

From whom was the extended warranty purchased?

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

Request for Arbitration

- 7. If required in the warranty or owners manual, you must send written notification to the manufacturer (**not the dealer**) 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. Please include copies of all written correspondence.

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.

If you chose a **DOCUMENTARY** hearing the manufacturer must agree to the hearing being a documentary hearing. If the manufacturer does not agree the hearing will be an **ORAL** hearing at which the parties have the right to present oral testimony. If the hearing is oral, it is recommended that you attend the hearing or have third party representation.

Hearings are scheduled approximately 60 to 90 days from the date your application is received. If you will not be able to attend a hearing on a specific date or dates within this timeframe, please indicate:

11. The arbitrator 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. Please do not include items that are not on your current vehicle.

***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.

C) **OTHER**

Request for Arbitration

13. List any additional reimbursements you are seeking. Indicate why you feel the arbitrator 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: _____	Item: _____
Date: _____	Date: _____
Cost: _____	Cost: _____
Reason: _____	Reason: _____

Item: _____	Item: _____
Date: _____	Date: _____
Cost: _____	Cost: _____
Reason: _____	Reason: _____

Item: _____	Item: _____
Date: _____	Date: _____
Cost: _____	Cost: _____
Reason: _____	Reason: _____

Item: _____	Item: _____
Date: _____	Date: _____
Cost: _____	Cost: _____
Reason: _____	Reason: _____

Item: _____	Item: _____
Date: _____	Date: _____
Cost: _____	Cost: _____
Reason: _____	Reason: _____

Item: _____	Item: _____
Date: _____	Date: _____
Cost: _____	Cost: _____
Reason: _____	Reason: _____

Item: _____	Item: _____
Date: _____	Date: _____
Cost: _____	Cost: _____
Reason: _____	Reason: _____

Request for Arbitration

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 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 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 may be represented by a third party, other than legal counsel and if I choose to be so represented I must notify the Department of Consumer Protection of the name, address, and telephone number of such third party at least one day prior to the arbitration hearing. Either party may be accompanied by any chosen third party, without prior notice. If the third party 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 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).

Purchaser' signature: _____ Date: _____

Purchaser' signature: _____ Date: _____

State of _____ County of _____

Subscribed and sworn to 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 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).**
- Copy of written notification to the manufacturer. This is required by statute, if there is a disclosure in your warranty book or owner's manual.
- 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 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 both parties are public records. Please omit all information that you do not want part of the public record. **All Hearings are held at:**

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