

State of Rhode Island Department of Attorney General

MOTOR VEHICLE ARBITRATION BOARD CONSUMER PROTECTION UNIT

150 South Main Street Providence, RI 02903 (401) 274-4400

PLEASE READ AND FOLLOW THESE INSTRUCTIONS

A new vehicle qualifies under Lemon Law if - within one year or 15,000 miles of use from the date of original delivery, whichever occurs first- the vehicle has been serviced four or more times for the same defect or the vehicle is out of service due to repair of any defect for more than thirty days, but the defect still exists.

To be eligible for arbitration under the Motor Vehicle Arbitration Board, you must meet the criteria above and submit this request for arbitration. If an individual qualifies for arbitration, the Board will conduct an arbitration hearing between the individual and the manufacturer. The Board does not represent the individual requesting arbitration, they must either represent themselves or hire counsel.

When your application is received it will be reviewed to make sure it meets the preliminary requirements for acceptance into the arbitration program. If your application is rejected, you will be notified of why your vehicle does not qualify and of other options that may be open to you. If your application is approved, you and the manufacturer will be notified, and your case will be assigned a hearing date, time, and location.

INSTRUCTIONS

- 1. Type or print, using black ink, the answers to all questions. Be accurate and thorough, brief where indicated. 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.
- 2. A \$20.00 filing fee must accompany this application. The filing fee must be in the form of a certified check or money order, payable to the <u>"State of Rhode Island Department of Attorney General"</u>. DO NOT SEND CASH OR PERSONAL CHECKS.
- 3. The purchaser(s) of the vehicle specified in this application must sign the Agreement to Arbitrate on Page 14 in the presence of a notary public or Commissioner of the 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.
- 4. 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 the lemon law. Please provide a copy of the letter sent to the manufacturer with your Request for Arbitration.
- 5. Submit the Request for Arbitration, required documents, and filing fee to:

State of Rhode Island
Motor Vehicle Arbitration Board
Consumer Protection Unit

<u>Department of Attorney General</u>
150South Main Street
Providence, RI 02903

CHECKLIST

Please use to ensure all documents are Submit legible copies.	e enclosed.
☐ Is the application notarized?	
☐ Did you include the \$20.00 fil	ing fee payable to the State of Rhode Island?
Copy of all work orders	
Copy of the original sales con	tract
Copy of the motor vehicle reg	istration
Copy of the finance agreemen	t, if financed
Copy of the title if the vehicle	is not financed
	acturer's new car warranty book, (not owner's manual) has your name, address, and Vehicle Identification Number ook.
Copy of the written notification	on to the manufacturer, if required
0 0 0 0	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 the insurance company, etc.
Leased Vehicles:	
Copy of the lease agreement	
	ered letter to the leasing company and a copy of the postal

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

State of Rhode Island
Motor Vehicle Arbitration Board
Consumer Protection Unit

<u>Department of Attorney General</u>
150 South Main Street
Providence, RI 02903

SECTION 1: CONSUMER INFORMATION
Name:
Address:
City, State, ZIP Code:
Telephone Number:
Email Address:
SECTION 2: VEHICLE INFORMATION
Manufacturer:
Model:
Model Year:
Vehicle Identification Number (VIN):
Name of dealership where you purchased the vehicle:
Address of dealership:
City, State, ZIP code:
Telephone number of dealership:
Date contract was signed:
Date you took delivery of your vehicle:

SECTION 3: VEHICLE DEFECT(S)

List all defects.

While explaining, attach a separate sheet of paper if necessary.

1.	Defect:
	Explain in detail how it impairs the use, market value, or safety of the vehicle:
2.	Defect:
	Explain in detail how it impairs the use, market value, or safety of the vehicle:
3.	Defect:
	Explain in detail how it impairs the use, market value, or safety of the vehicle:

Within the first year from	the date of delive	ery, your vehicle	:	
☐ Was repaired 4 or	more times for th	ne same defect?		
☐ Was out of service	e due to repair of a	any defect more t	han 30 days and the	defect still exists?
		~ .		
List all repair attempts ma	ade under the Nev	w Car Lemon Lav	W.	
DEFECT	DATE IN	DATE OUT	NO. OF DAYS IN SHOP	ODOMETER READING
	·			
Describe which problems	continued to exis	st or recurred afte	er the 4 attempts or 3	0 business days:

Answer the following questions.

1.	What <u>is</u> the total number of days the vehicle was at the dealership by reason of repair during the first 15,000 or one (1) year , whichever occurred first?
2.	What <u>is</u> the total number of days the vehicle was at the dealership by reason of repair from the <u>date of purchase</u> to the present?
3.	Are you currently driving the vehicle?
	If no, please explain:
4.	Were you ever refused service of the vehicle by the dealer? If yes, explain:
5.	Has the vehicle ever been in an accident or sustained damage? If yes, 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? If yes, where and when was the vehicle repaired?
	Were the repairs covered by the manufacturer's new car warranty?

6.	What is the period of the new car w	rarranty? (years/miles)	
	Basic new car warranty:	years/	miles
	Power train warranty:	years/	miles
	Extended warranty:	years/	miles
	From whom was the extended warra	nty purchased?	
	Include a copy of the extende	d warranty with your Request for	· Arbitration.
7.	If required in the warranty or owner manufacturer (not the dealer) at the of your intent to file a complaint unsent to the manufacturer with your written correspondence.	address indicated in the warranty der the lemon law. Please provide	or owner's manual a copy of the letter
Naı	me (Title) and address of contact:		
Dat	te of contact:		
Res	sult of contact:		
8.	Have you participated in any oth vehicle? ☐ Yes	er arbitration or mediation prog	ram regarding this
	☐ No		
	If yes, did you accept the award? (Ple	ease provide a copy)	

Э.	rbitration panel will ultimately determine a fair and equitable decision. Please select 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 <i>may</i> deduct an allowance for the consumer's use of the vehicle. Indicate if applicable, why you feel you should <i>not</i> 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 repair. Explain if applicable, why you feel you should be reimbursed for any finance charges.
	C. OTHER

10.	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. Be prepared to prove your allegations at the time of the hearing.				

11. 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.

MAINTENANCE TYPE	DATE	FACILITY	WORK ORDER INVOICE NUMBER	COST	ODOMETER READING
					,
					,

AGREEMENT TO ARBITRATE

I verify that the information provided is true, accurate, and complete to the best of my knowledge. I certify that the manufacturer has not given me a refund or a replacement. I understand that this document and its attachments are public records.

Purchaser's Signature:		Date:	
Purchaser's Signature:		Date:	
State of:	_ County of:		
Subscribed and sworn to me on this	day of		, 20
Commissioner of the Superior Court or Notary P	ublic		
My Commission Expires:			