



8. Dealer from which the vehicle was purchased (if the vehicle is leased, complete questions 10 and 11):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

9. Lienholder (bank or finance company to which you make monthly payments):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Number: \_\_\_\_\_

10. Dealer from which the vehicle is leased:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

11. Company to which you make monthly lease payments:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Lease term (years/mileage): \_\_\_\_\_

***Repair Information on Nonconformity***

12. Within the first 18,000 miles or 24 months, whichever came first, which of the following occurred?

Three or more repair attempts for the same defect.

Vehicle was out of service for repairs for a total of 20 or more days for any number of defects.

13. Do you believe that the defect(s) in your vehicle substantially impairs its:

Use?  Yes  No

Safety?  Yes  No

Market Value?  Yes  No

14. a. Have you informed the manufacturer of a final repair opportunity by **certified mail**, return receipt requested?

Yes  No Certified mail return receipt date \_\_\_\_\_

b. What was the mileage at that time? \_\_\_\_\_

15. a. What was the date you first presented your vehicle to the dealer for repair of the defect(s)? \_\_\_\_\_

b. What was the mileage at that time? \_\_\_\_\_

16. a. Were there three or more repair attempts for the same problem(s)?  Yes  No

b. If "YES," for which problem(s)? \_\_\_\_\_

c. Were all three repair attempts made within 18,000 miles or 24 months, whichever came first?  Yes  No

(16. continued)

d. Give the date of each repair attempt for the same problem(s):

Description of problem	Date & Mileage of each repair attempt
1.	Date: _____ Mileage _____ 1 <sup>st</sup> Attempt Date: _____ Mileage _____ 2 <sup>nd</sup> Attempt Date: _____ Mileage _____ 3 <sup>rd</sup> Attempt
2.	Date: _____ Mileage _____ 1 <sup>st</sup> Attempt Date: _____ Mileage _____ 2 <sup>nd</sup> Attempt Date: _____ Mileage _____ 3 <sup>rd</sup> Attempt
3.	Date: _____ Mileage _____ 1 <sup>st</sup> Attempt Date: _____ Mileage _____ 2 <sup>nd</sup> Attempt Date: _____ Mileage _____ 3 <sup>rd</sup> Attempt

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

17. Was a final repair attempt completed in accordance with your Lemon Law Notification Letter sent to the manufacturer?

Yes  No

a. If "YES," what was the date of the final repair attempt? \_\_\_\_\_

b. If "YES," what was the mileage at the time of the final repair attempt? \_\_\_\_\_

18. Authorized dealer where the repairs were attempted:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number (include area code): \_\_\_\_\_

19. a. If you experienced one or more problems with the car, was the car out of service due to repairs for a total of 20 or more calendar days?  Yes  No

b. If "YES," how many days? \_\_\_\_\_

c. If "YES," were the 20 days out of service within the 18,000 miles or 24 months, whichever came first?  Yes  No

d. List the dates below:

1. From \_\_\_\_\_ to \_\_\_\_\_ number of days \_\_\_\_\_

2. From \_\_\_\_\_ to \_\_\_\_\_ number of days \_\_\_\_\_

3. From \_\_\_\_\_ to \_\_\_\_\_ number of days \_\_\_\_\_

4. From \_\_\_\_\_ to \_\_\_\_\_ number of days \_\_\_\_\_

5. From \_\_\_\_\_ to \_\_\_\_\_ number of days \_\_\_\_\_

6. From \_\_\_\_\_ to \_\_\_\_\_ number of days \_\_\_\_\_

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

20. Briefly describe the existing problem(s) for which you now seek relief under the New Jersey Lemon Law:

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21. Is the problem(s) you are complaining about the result of your abuse, neglect or unauthorized modification or alteration?

Yes     No

22. a. Was the vehicle repaired by anyone other than an authorized dealer?     Yes     No

b. If "YES," where? \_\_\_\_\_

**Financial Information**

23. If you purchased your vehicle without financing, complete section (a).

If you purchased your vehicle with financing, complete section (b).

If you leased your vehicle, complete section (c).

**a. Purchased without financing**

Purchase price \$ \_\_\_\_\_ Trade-in allowance \$ \_\_\_\_\_  
Registration, title and other government fees \$ \_\_\_\_\_  
Cost of options installed by the dealer within 30 days of delivery \$ \_\_\_\_\_  
Total amount paid (excluding sales tax) \$ \_\_\_\_\_ Sales tax \$ \_\_\_\_\_

**b. Purchased with financing**

Total purchase price \$ \_\_\_\_\_ Trade-in allowance \$ \_\_\_\_\_  
Down payment \$ \_\_\_\_\_  
Monthly payment \$ \_\_\_\_\_  
Total amount of monthly payments made to date (monthly payment X number of payments) \$ \_\_\_\_\_  
Registration, title and other government fees \$ \_\_\_\_\_  
Total amount paid (excluding sales tax) \$ \_\_\_\_\_ Sales tax \$ \_\_\_\_\_

**c. Leased**

Down payment plus security deposit \$ \_\_\_\_\_  
Trade-in allowance \$ \_\_\_\_\_  
Monthly payment \$ \_\_\_\_\_  
Total amount of monthly payments made to date (monthly payment X number of payments) \$ \_\_\_\_\_  
Registration, title and other government fees \$ \_\_\_\_\_  
Total amount paid (excluding sales tax) \$ \_\_\_\_\_ Sales tax \$ \_\_\_\_\_

24. If towing or rental car expenses were necessary, please attach a photocopy of any bills.

Cost of towing \$ \_\_\_\_\_

Cost of rental car \$ \_\_\_\_\_

Make and model of rental car \_\_\_\_\_

Dates rented \_\_\_\_\_

Reason for rental \_\_\_\_\_



## 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 **copies** 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 **copies** of the documents, 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 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 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.