



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

Used Car 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

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 Used Car Lemon Law Unit may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

CONSUMER INFORMATION:

DEALER INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_  
(include area code)

WORK TELEPHONE NUMBER: \_\_\_\_\_  
(include area code)

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER (1): \_\_\_\_\_  
(include area code)

TELEPHONE NUMBER (2): \_\_\_\_\_  
(include area code)

1. Vehicle Information

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Purchase Price \_\_\_\_\_

2. Vehicle Identification Number (VIN) \_\_\_\_\_

3. Mileage, on date of purchase: \_\_\_\_\_ Mileage, at present: \_\_\_\_\_

4. a. Is your vehicle normally used for personal, family or household purposes?  Yes  No

b. Is your vehicle normally used for commercial purposes?  Yes  No

5. Does the material defect substantially impair the use, value or safety of the vehicle?  Yes  No

6. Were you advised, in writing, at or prior to the time of purchase that the vehicle was declared a total loss by an insurance company?  Yes  No

7. Warranty Information (Please check all that apply.)

I purchased the vehicle AS IS.

I was given a limited dealer warranty at no extra charge.

Duration of warranty:  30 days/1,000 miles  60 days/2,000 miles

90 days/3,000 miles  Other \_\_\_\_\_

I purchased an extended service contract. (Please provide a copy.)

Warranty Company: \_\_\_\_\_

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

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

8. a. If the vehicle's mileage was more than 60,000 at the time of purchase, did you waive the warranty?  Yes  No  
 b. Did you sign a waiver form?  Yes  No If "Yes," please provide a copy of the waiver.

9. Repair Information (Use additional sheets of paper if needed.)

What is the malfunction or material defect you are claiming? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. a. Did you notify the dealer of the problem described in question #9?  Yes  No  
 b. If "Yes," on what date? \_\_\_\_\_ What was the mileage at that time? \_\_\_\_\_

11. Were three (3) or more repair attempts made for the same problem?  Yes  No

12. Were all three (3) repair attempts made within the warranty period?  Yes  No

13. Do any of the alleged defects still exist?  Yes  No

For each alleged defect:

**Description of problem**

**Date & Mileage of each repair attempt**

a.	Date: _____ Mileage _____ 1 <sup>st</sup> Attempt Date: _____ Mileage _____ 2 <sup>nd</sup> Attempt Date: _____ Mileage _____ 3 <sup>rd</sup> Attempt
b.	Date: _____ Mileage _____ 1 <sup>st</sup> Attempt Date: _____ Mileage _____ 2 <sup>nd</sup> Attempt Date: _____ Mileage _____ 3 <sup>rd</sup> Attempt
c.	Date: _____ Mileage _____ 1 <sup>st</sup> Attempt Date: _____ Mileage _____ 2 <sup>nd</sup> Attempt Date: _____ Mileage _____ 3 <sup>rd</sup> Attempt

14. a. Was the vehicle out of service for a total of 20 or more calendar days, due to repairs?  Yes  No

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

c. List the dates below:

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

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

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

15. a. Was the vehicle repaired by anyone other than the dealer or its agent?  Yes  No

b. If "Yes," where?

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

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

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

16. Financial Information

Total purchase price \$ \_\_\_\_\_ Trade-in allowance \$ \_\_\_\_\_

Down payment (for that portion of the purchase price that is financed) \$ \_\_\_\_\_

Monthly payment (for that portion of the purchase price that is financed) \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

Name of lienholder: \_\_\_\_\_

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

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

17. Additional Information

Have you participated in any previous arbitration for the same problem(s) for which you are seeking relief?  Yes  No

a. If "Yes," what type of arbitration? \_\_\_\_\_ Date of arbitration \_\_\_\_\_

b. Did you accept the decision?  Yes  No If "Yes," please explain and give the current status: \_\_\_\_\_

\_\_\_\_\_

18. If an attorney is going to represent you, please provide the following information:

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

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

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

I certify that the dealer has not yet given me a refund, and that all statements made in the complaint are true to the best of my knowledge.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to the interested parties and to use the information in any way that is necessary.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

If you have not already done so, please attach clear and legible copies (do not send originals) of the following:

- All relevant evidence of repair attempts
  - sales invoice
  - purchase order
  - finance contract (if financed)
  - vehicle registration
  - repair receipts
  - Used Car Buyer's Guide (window sticker)