



State of New Jersey
 DEPARTMENT OF LAW AND PUBLIC SAFETY
 DIVISION OF CONSUMER AFFAIRS
 USED CAR LEMON LAW UNIT
 P.O. Box 45039
 NEWARK, NEW JERSEY 07101
 (973) 504-6597
 (800)-242-5846

E-MAIL: **ASKCONSUMERAFFAIRS@OAG.LPS.STATE.NJ.US**

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____	BUSINESS: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE NUMBER (1): _____ TELEPHONE NUMBER (2): _____
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1. *Vehicle Information*

Make _____ Model _____ Year _____
 Date of Purchase _____ Purchase Price _____

2. 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

3. Vehicle Identification Number (VIN) _____

4. Mileage, on date of purchase: _____ Mileage, at present: _____

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. 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.

8. a. Did the dealer provide you with a written, limited warranty? Yes No
 b. If "YES," what is the duration of the warranty? _____
 If "YES," please provide a copy of the warranty.

9. Warranty Company: _____

Street Address: _____ City: _____ State: _____ ZIP: _____
 County: _____ Telephone Number (include area code): _____

10. What is the malfunction or material defect you are claiming? _____

11. a. Did you notify the dealer of the problem described in question #10? Yes No

b. If "YES," on what date? _____ What was the mileage at that time? _____

12. Were three (3) or more repair attempts made for the same problem? 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 st Attempt Date: _____ Mileage _____ 2 nd Attempt Date: _____ Mileage _____ 3 rd Attempt
b.	Date: _____ Mileage _____ 1 st Attempt Date: _____ Mileage _____ 2 nd Attempt Date: _____ Mileage _____ 3 rd Attempt
c.	Date: _____ Mileage _____ 1 st Attempt Date: _____ Mileage _____ 2 nd Attempt Date: _____ Mileage _____ 3 rd Attempt

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

15. Dealer or its agent where the repairs were attempted

Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

County: _____ Telephone Number (include area code): _____

16. 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 _____

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

b. If "YES," where? _____

18. Financial Information

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

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

a. Purchased without financing

Total purchase price \$ _____ Trade in allowance \$ _____
Registration, title and other government fees \$ _____
Total amount paid (excluding sales tax) \$ _____ Sales tax \$ _____

b. Purchased with financing

Name of lienholder: _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Account Number: _____ Telephone Number (include area code): _____

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 \$ _____

19. Please indicate the Office of Administrative Law (OAL) location where you prefer your case to be heard (if necessary):

- Atlantic City Trenton Newark

20. 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:

21. 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 understand that this document and its attachments are public record.

Signature

Date

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

- Work orders of all three related defects from dealer
Clear copies of all relevant evidence of repair attempts
sales invoice
purchase order
finance contract (if financed)
vehicle registration
repair receipts