



DEMAND FOR ARBITRATION FILING INSTRUCTIONS

A **Demand for Arbitration** will be docketed for a hearing when it is completed in full as applicable, accompanied by the information requested within **Enclosures** and submitted per the **Filing Instructions** itemized below. The claim will be returned if relevant enclosures are omitted. Please remember the preparation and presentation of the case is your responsibility.

SECTION 1.	Enter your name, mailing address, applicable telephone numbers and e-mail address. Enter the manufacturer's name and zone office mailing address. The zone office addresses are available on the DMV web site and are subject to change.
SECTION 2.	Complete the vehicle description and information sections as applicable.
SECTION 3.	Choose a refund or replacement vehicle and describe the defect (or defects).
SECTION 4.	Check all that apply.
SECTION 5.	Choose ONE filing method and complete the requested information. Enclose repair orders and summary history.
SECTION 6.	<u>OPTIONAL</u> – Use only when necessary. Enter the person's name with daytime phone number and address (Vermont only) to whom a subpoena is to be issued. Service of the subpoena is your responsibility. Procedural information will be forwarded to you with the subpoena and hearing notice.
SECTION 7.	Specify requested documents. If claiming 30 days out of service, request the technician's time stamps to assist in documenting days out.
SECTION 8.	Read and complete the certification section. Sign and date the Demand.

ENCLOSURES

Include a copy, if applicable, of the following documents with the Board's and Manufacturer's Demand copy:

- VEHICLE PURCHASE CONTRACT** - itemizes purchase price, trade-in allowance, rebate, discounts, non-cash credit, options as of the date of purchase and motor vehicle and documentation fees, and usually includes the dealership's business logo. A retail installment contract is not the purchase contract.
- If the vehicle is/was financed: a) finance contract; b) **WRITTEN STATEMENT** from the financial institution **VERIFYING TOTAL INTEREST PAID** with the collateral identified; and c) Vermont Disclosure form relating to the amount financed in a motor vehicle retail installment contract for vehicles purchased on or after July 1, 2006. Enclosure (c) should be attached to the retail installment contract by dealer.
- LEASE AGREEMENT** - Also, enter the titleholder's/lease assignee's (not the dealer's) name and address within Section 2 of the Demand.
- A copy of the **MANUFACTURER'S EXPRESS WARRANTY** for the claimed defect(s)/condition(s). The warranty summary grid is acceptable. If applicable to the claimed defect/condition, enclose the section describing warranty coverage of a term different than the grid. Any optional extended warranty is not applicable.
- REPAIR ORDERS** including the **FINAL REPAIR ORDER**, which may be sent when completed.
- Itemized** documentation of the **INITIAL MOTOR VEHICLE FEES** (registration, title, etc.) paid to the Vermont Department of Motor Vehicles, to the DMV of another state, including purchase and use tax, or documentation from a state's applicable entity as through property taxes.
- A copy of your vehicle registration and insurance certificates. (The inspection sticker must be current.)

If your claim is for "3 times out," filing method A

- Submit a repair history summary for the claimed condition(s) and include written confirmation the condition(s) filed for was present as of the date of filing, which is one prerequisite for filing.

If your claim is for "30 days," filing method B

- Prepare a chronology of **warranted** repair orders with repair order number, dates, mileage and number of days out of service with a repair summary. For a day to be counted, the vehicle must have been unavailable for your use for the major portion of a day (4 hours) by reason of being under the control of the manufacturer, its agent or authorized dealer for repair. Optional extended warranties purchased are not applicable.
- Bills supporting a request for consequential/incidental damages. Justification may be provided in writing or verbally at the hearing.

FILING INSTRUCTIONS

- ▶ **Mail the ORIGINAL COPY** with enclosures to: Motor Vehicle Arbitration Board, Department of Motor Vehicles, 120 State Street, Montpelier, VT 05603-0001
- ▶ **Mail the SECOND COPY** with enclosures to the [manufacturer's zone office](#), not to the dealer. Certified mail is recommended.
- ▶ **Keep the THIRD COPY for your records. Retain enclosure originals.**



1	CONSUMER NAME(S)			MANUFACTURER NAME & ZONE OFFICE MAILING ADDRESS		
	MAILING ADDRESS					
	CITY/TOWN		STATE	ZIP CODE		
	TELEPHONE NUMBERS					
	HOME	DAYTIME	CELL PHONE			
FAX			E-MAIL ADDRESS			
Enter your birth date and gender, which is required for the DMV computer system. You may obscure these entries on the copy forwarded to manufacturer.						
DATE OF BIRTH: #1: _____ #2: _____			GENDER: #1: <input type="checkbox"/> M <input type="checkbox"/> F #2: <input type="checkbox"/> M <input type="checkbox"/> F			

VEHICLE DESCRIPTION & INFORMATION

2	YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)		
PURCHASE PRICE (exclude financing/fees)		LEASED VEHICLE'S AGREED UPON VALUE AS IDENTIFIED IN CONTRACT		PURCHASE/LEASE DATE		ODOMETER READING AS OF DATE OF PURCHASE OR LEASE
ODOMETER READING AT 1 ST REPAIR FOR WARRANTED DEFECT OR AT 1 ST DAY OUT OF SERVICE FOR A 30-DAY CLAIM			TRUCK GROSS VEHICLE WEIGHT (The GVW is usually on a label inside the driver's door.)		MANUFACTURER'S EXPRESS WARRANTY (Any optional extended warranty is not applicable.)	
FINANCIAL ENTITY, WITH MAILING ADDRESS, WHICH HOLDS THE VEHICLE'S TITLE. IF NO LOAN, ENTER N/A.				If loan was refinanced, list name/address of institution. If loan has been "paid in full," enter PIF and submit documentation of interest paid.		

3 I hereby demand a hearing and a REFUND or REPLACEMENT VEHICLE because the vehicle does not conform to the manufacturer's express warranty. It has the following defect(s) as of the date of filing, OR the vehicle has been out of service 30 days within the express warranty for repair(s) of:

4 The defect(s) substantially impairs the vehicle's: Use Market Value Safety.

5	Filing Method A		CHOOSE ONE ONLY 	Filing Method B	
	<input type="checkbox"/> The dealer has attempted to repair the defect(s) on these dates: Submit copies of repair orders from manufacturer, its agent or authorized dealer for each claimed defect.			<input type="checkbox"/> The vehicle has been out of service for repair of warranted defects for 30 or more calendar days. Submit copies of repair orders with a chronology of days when the vehicle was at the dealer for a major portion of each day.	

6	OPTIONAL	
	1. Name	Daytime Phone Number
		Daytime Address
	2. Name	Daytime Phone Number
Daytime Address		City/Town

I request a subpoena for service on person(s) listed at right. Jurisdiction is in Vermont only. I agree to pay reasonable expenses incurred by persons appearing under subpoena, per § 1551 of 32 V.S.A.

7 I request the manufacturer furnish legible copies of the following documents to me and the Board UPON RECEIPT OF THIS DEMAND:

8 I certify a copy of this Demand with enclosures has been mailed to the MANUFACTURER, not dealer, on ____ / ____ / ____ . In doing so, I hereby elect to proceed under the Vermont New Motor Vehicle Arbitration Act instead of the manufacturer's dispute settlement mechanism. I further certify any payments due on the vehicle are up-to-date and will continue to be current.

Signature of Consumer(s)

Date

MAIL THE ORIGINAL COPY WITH ENCLOSURES TO THE MOTOR VEHICLE ARBITRATION BOARD, MAIL THE SECOND COPY TO THE VEHICLE MANUFACTURER, NOT THE DEALER, WITH ENCLOSURES and RETAIN THE THIRD COPY FOR YOUR RECORDS.



CONSUMER NAME(S)			MANUFACTURER NAME & ZONE OFFICE MAILING ADDRESS		
MAILING ADDRESS					
CITY/TOWN		STATE	ZIP CODE		
TELEPHONE NUMBERS					
HOME		DAYTIME	CELL PHONE		
FAX		E-MAIL ADDRESS			
DEALERSHIP WHERE VEHICLE WAS PURCHASED OR LEASED					
Enter your birth date and gender, which is required for the DMV computer system. You may obscure these entries on the copy forwarded to manufacturer.					
DEALERSHIP NAME(S) WHERE ENCLOSED REPAIRS OCCURRED					
DATE OF BIRTH:	#1:	GENDER:		#1:	<input type="checkbox"/> M <input type="checkbox"/> F
	#2:			#2:	<input type="checkbox"/> M <input type="checkbox"/> F

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				MANUFACTURER'S EXPRESS WARRANTY (Any optional extended warranty is not applicable.)	
				/	
				Years Miles	
FINANCIAL ENTITY, WITH MAILING ADDRESS, WHICH HOLDS THE VEHICLE'S TITLE. IF NO LOAN, ENTER N/A.			If loan was refinanced, list name/address of institution. If loan has been "paid in full," enter PIF and submit documentation of interest paid.		

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4 The defect(s) substantially impairs the vehicle's: Use Market Value Safety.

5	<p>Filing Method A</p> <input type="checkbox"/> The dealer has attempted to repair the defect(s) on these dates: 1 st _____ Submit copies of repair orders from manufacturer, its agent or authorized dealer for each claimed defect. 2 nd _____ 3 rd _____	<p>CHOOSE ONE ONLY</p>	<p>Filing Method B</p> <input type="checkbox"/> The vehicle has been out of service for repair of warranted defects for 30 or more calendar days. Submit copies of repair orders with a chronology of days when the vehicle was at the dealer for a major portion of each day.
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6	<p>OPTIONAL</p> <p>I request a subpoena for service on person(s) listed at right. Jurisdiction is in Vermont only. I agree to pay reasonable expenses incurred by persons appearing under subpoena, per § 1551 of 32 V.S.A.</p>	1. Name	Daytime Phone Number	
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DATE OF BIRTH: #1:		GENDER: #1: <input type="checkbox"/> M <input type="checkbox"/> F		DEALERSHIP NAME(S) WHERE ENCLOSED REPAIRS OCCURRED	
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