

**DEMAND FOR ARBITRATION**

**TO:** MANUFACTURER NAME: \_\_\_\_\_

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

CITY AND STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEALER or LESSOR NAME: \_\_\_\_\_

REGISTERED OWNER(S): \_\_\_\_\_

**RE:** VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

ORIGINAL PURCHASE DATE: \_\_\_\_\_ PURCHASE PRICE: \$ \_\_\_\_\_

VEHICLE ID NUMBER: \_\_\_\_\_

ODOMETER READING at time of this application: \_\_\_\_\_

In accordance with Chapter 481I, Hawaii Revised Statutes, I (We), the undersigned party(ies), hereby demand arbitration.

I (We) hereby certify the following:

**I. (Check only one)**

- A.  This vehicle is used primarily for personal, family and/or household use.
  
- B.  This vehicle is individually registered and used for business purposes as well as for personal, family or household purposes.
  
- C.  This vehicle is owned or leased by a sole proprietorship, corporation or partnership which has purchased or leased no more than one vehicle per year, used for household, individual, or personal use in addition to business use.

II.  The gross weight of this vehicle does not exceed 10,000 pounds, gross vehicle weight rating.

III.  I (We) have notified the Manufacturer in writing about the alleged defect(s) and have given the Manufacturer a reasonable opportunity to correct the defect(s). *(Attach three [3] copies of the letter written to the Manufacturer and the certified mail return receipt.)*

IV.  My vehicle's factory (manufacturer's) warranty expires on \_\_\_\_\_.  
(MM/DD/YY)

V. I (We) hereby certify that during the lemon law rights period, the following condition(s) were met **(check all that apply):**

- A.  My vehicle's defect was subject to examination or repair at least once, but continues to be a defect which is likely to cause death or serious bodily injury if the vehicle is driven.

PROBLEM: \_\_\_\_\_ REPAIR DATE(S): \_\_\_\_\_

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B. \_\_\_\_\_ My vehicle’s defect was subject to examination or repair three or more times for the same problem by the manufacturer or its authorized agents, and the problem still exists. (Attach extra sheets, if necessary, to show all the problems and repair dates.)

PROBLEM: \_\_\_\_\_

REPAIR DATE 1: \_\_\_\_\_ REPAIR DATE 2: \_\_\_\_\_ REPAIR DATE 3: \_\_\_\_\_

C. \_\_\_\_\_ My vehicle has been out of service by reason of repair for a cumulative total of thirty or more business days during the Lemon Law Rights period. (Attach extra sheets if necessary to show all the problems and repair dates.)

	<u>PROBLEM</u>	<u>DAYS OF REPAIR</u>	<u>DATE REPORTED</u>	<u>ODOMETER READING</u>	<u>WORK ORDER #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

VI. Which problem(s) mentioned above, continues to exist? \_\_\_\_\_  
\_\_\_\_\_

VII. RELIEF SOUGHT (check one): Replacement Vehicle \_\_\_\_\_ Refund \_\_\_\_\_

VIII. COLLATERAL EXPENSES (not included in the sales or lease agreement) \$ \_\_\_\_\_

IX. INCIDENTAL EXPENSES (e.g. towing, rental car, etc.) \$ \_\_\_\_\_

*I hereby request arbitration of my case in person with the arbitrator, any witnesses, and relevant documents by the State Certified Arbitration Program. I certify that all statements made in connection with this demand for arbitration are true and correct to the best of my knowledge. I understand that this document and its attachments are records of the DCCA.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(may be signed by Attorney/Representative)

Print Name of Signer: \_\_\_\_\_

Name of Claimant(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Attorney or other Representative: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_