



Massachusetts Wheelchair Lemon Law Application for Arbitration

Office of Consumer Affairs and Business Regulation

501 Boylston Street, Suite 5100

Boston, MA 02116

(617) 973 – 8787

Toll Free (888) 283 – 3757

PLEASE READ AND FOLLOW THESE INSTRUCTIONS VERY CAREFULLY.

Wheelchair Lemon Law Arbitration is not for everyone. An Application for Arbitration is not the same as filing a complaint. If you are unsure whether you qualify for Arbitration, please review the Wheelchair Lemon Law section at www.mass.gov/consumer which will give you a detailed explanation of what the law covers.

You must submit **THREE** complete collated copies of all materials, including this application and its required attachments. Do not leave any blank spaces. Do not make references to attachments instead of completing questions. All copies must be legible. Failure to submit **THREE** complete collated copies with all of the required attachments may result in the rejection of your application.

IMPORTANT:

PLEASE RETAIN A COMPLETE COPY FOR YOUR OWN RECORDS AS WELL.

Your application for arbitration must be received by the Office of Consumer Affairs and Business Regulation within 18 months of the original date of delivery of the wheelchair to you. When your application is received it will be reviewed to make sure it meets the preliminary requirements for acceptance into the arbitration program. If your application is rejected you will be notified by mail as to why your wheelchair does not qualify and whether any other options that may be open to you. If your application is approved, you and the manufacturer will be notified by certified mail and your case will be assigned a hearing date, time, and location and an arbitrator.

CHECKLIST: PLEASE USE TO ENSURE ALL DOCUMENTS ARE ENCLOSED.

- ☐ 1. The request for arbitration form
- ☐ 2. The bill of sale or other documentation of the purchase/lease of your wheelchair
- 3. Date you took delivery of the wheelchair.
- ☐ 4. The final repair opportunity letter to the manufacturer (or an explanation of the notice you gave them if you do not have it in writing)
- ☐ 5. The manufacturer's written response to the request for refund or replacement, or an explanation of the manufacturer's verbal response
- ☐ 6. Statement of finance charges paid to date from the finance company
- ☐ 7. Any documents related to the repair of the wheelchair (work orders etc.)
- ☐ 8. Any relevant narrative statements
- ☐ 9. A copy of the manufacturer's warranty
- ☐ 10. Copies of receipts for any incidental costs you are claiming

SECTION 1: CONSUMER INFORMATION

Name: _____

Address: _____

City, State, and ZIP Code: _____

Telephone Number: _____

Email Address: _____

SECTION 2: MANUFACTURER INFORMATION

Manufacturer: _____

Model: _____

Model Year: _____

Name of dealer/distributor where purchased: _____

Address of dealer/distributor where purchased: _____

City, State, and Zip Code of dealer/distributor: _____

Dealer/distributor's Telephone Number: _____

Date contract was signed: _____

Date you took delivery of your wheelchair: _____

SECTION 3: WHEELCHAIR DEFECT(S)

List all defects covered under the Wheelchair Lemon Law warranty. Explain how the defect(s) substantially impair the use, safety, or market value of the wheelchair. Attach a separate sheet if necessary.

1. Defect: _____

This defect substantially impairs the vehicle's *(check all that apply)*

☐ Use ☐ Safety ☐ Value

Explain how it substantially impairs the use, safety or market value of the vehicle:

2. Defect: _____

This defect substantially impairs the vehicle's *(check all that apply)*

☐ Use ☐ Safety ☐ Value

Explain how it substantially impairs the use, safety or market value of the vehicle:

3. Defect: _____

This defect substantially impairs the vehicle's *(check all that apply)*

☐ Use ☐ Safety ☐ Value

Explain how it substantially impairs the use, safety or market value of the vehicle:

SECTION 3: WHEELCHAIR DEFECT(S) – CONT.

Are any of these defects the result of owner negligence, accident, vandalism, or a repair attempt made by someone other than the manufacturer, its agent or authorized dealer, yes or no? _____

If you answered yes, please explain below:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION 3: WHEELCHAIR DEFECT(S) – CONT.

Within the first year from the date of delivery, your wheelchair:

- ☐ Was repaired four or more times for the same substantial defect
- ☐ Was out of service because of repair of any combination of substantial defects for a total of thirty or more calendar days

Please list all repair attempts made by the manufacturer or authorized agent that took place within one year of the date of delivery. Please state each defect, the date you brought the wheelchair to the manufacturer/authorized agent (Date In), and the date you received the wheelchair back from the manufacturer/authorized agent (Date Out.)

DEFECT	DATE IN	DATE OUT	BUSINESS DAYS IN THE SHOP

Please describe any additional repair attempts and state the date in and date out for each repair attempt:

Please describe which problems continued to exist or recurred after the four attempts or thirty days:

Was the manufacturer given notice of the seven business day final repair opportunity to repair the wheelchair? If you sent a letter, please enclose a copy. If another method was used, please explain:

SECTION 3: WHEELCHAIR DEFECT(S) – CONT.

On what date did the manufacturer receive notice of the final repair opportunity?

Please explain briefly the manufacturer's response to your request for a final repair opportunity. Enclose copies of any written responses:

If the manufacturer used the final opportunity to attempt repairs, please indicate:

Defect:

Date In:

Date Out:

Please describe which problems continued to exist or recurred after the final repair opportunity:

Did you inform the manufacturer of these continuing defects and then request a refund or replacement?

Did the manufacturer refuse to refund or replace the wheelchair?

SECTION 4: INFORMATION ABOUT EXPENSE(S)

If your wheelchair was purchased:

Purchase Price of Wheelchair: _____

Finance charges paid as of this date: _____

Unreimbursed expenses related to repair of the defect (s): _____

If your wheelchair was leased:

Total value of the written lease: _____

Total Lease Payments Made to Date

\$_____/month X _____ months = _____

Finance charges paid as of this date: _____

Unreimbursed expenses related to repair of the defect (s): _____

Please Note: You are required to bring documentation of these expenses to your arbitration hearing.

SECTION 5: NARRATIVE STATEMENT (OPTIONAL)

You may include a separate written statement of your experience with your wheelchair. Please describe events in chronological order, indicating which problems were and were not repaired each time. Include a separate sheet of paper if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

SECTION 6: REQUEST FOR ARBITRATION

I hereby request that the Office of Consumer Affairs and Business Regulation arbitrate my New Wheelchair Lemon Law case. I certify that the manufacturer has not given me a refund or a replacement, and that all statements made in connection with this Request for Arbitration are true to the best of my knowledge. I understand that this document and its attachments are public records.

Signed: _____

Date: _____

If you wish for our office to correspond with an attorney or other individual on your behalf, please include their contact information here:

Name: _____

Law firm (*if applicable*): _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____