

STATE OF FLORIDA  
OFFICE OF THE ATTORNEY GENERAL  
FLORIDA NEW MOTOR VEHICLE ARBITRATION BOARD  
Lemon Law Arbitration Program  
<http://myfloridalegal.com/lemonlaw>  
The Capitol, PL-01  
Tallahassee, Florida 32399-1050  
(850) 414-3500; FAX (850) 488-7295; E-FILE: [oag.lemonlaw.tlh@myfloridalegal.com](mailto:oag.lemonlaw.tlh@myfloridalegal.com)

\_\_\_\_\_,

**Consumer(s),**

vs.

CASE NO.: \_\_\_\_\_

\_\_\_\_\_,

**Manufacturer(s),**

MANUFACTURER'S PREHEARING INFORMATION SHEET

**IMPORTANT:** This form is to be completed by you and **must be received**, with all attachments, by the Board at the address at the top of this form, and by the consumer (or their attorney) and all manufacturers (or attorneys) no later than **five (5) days before the date of your hearing**. (A Notice of Hearing giving the hearing date will be mailed to you under separate cover). Any witnesses not included on this form **must** be made known in writing to the Board and the consumer (or attorney) no later than **five (5) days** before the hearing or they may not be allowed to testify. Documents not attached to this form must be received by the Board and the consumer (or attorney) at least **five (5) days** before the hearing or they will not be considered by the Board, unless the Board finds that you have good cause for not submitting them on time.

***Please check all that apply:***

1. \_\_\_\_\_ The Manufacturer's representative will bring an interpreter to the hearing. (***All hearings are conducted in English. Please see p. 2 of "Hearings Before the Florida New Motor Vehicle Arbitration Board" for further instructions about the use of interpreters.***)

2. \_\_\_\_\_ The Manufacturer will be represented at the hearing by the attorney identified below:

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

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

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

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_, Fax: \_\_\_\_\_

Email address: \_\_\_\_\_, Fla. Bar No.: \_\_\_\_\_

3. \_\_\_\_\_ On behalf of the Manufacturer, I hereby request that the Board inspect or test drive the consumer's motor vehicle.

4. **Attach copies** of records, documents, affidavits, and papers you want the Board to consider. **DO NOT** include copies previously sent to the Board, or previously received by the manufacturer with the consumer's Request for Arbitration, unless such documents are submitted in support of defenses asserted in the Manufacturer's Answer.

5. Please list the name **and email address** of each witness you intend to have testify at the virtual hearing. **NOTE:** In order for your witnesses to participate in the hearing, you must list a valid email address for the witness. Prior to the hearing, each witness will receive an email with a personalized link that says, "Join Webinar," which they will need to click on to join the hearing.

NAME AND TITLE

EMAIL ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** Listing witnesses on this form **does not** constitute a request for the issuance of a subpoena. If a subpoena is necessary to compel the attendance of a witness listed on this form, a separate, **written** request for a subpoena must be sent to the Board Attorney at the address at the top of this form. *Please refer to paragraphs (19)-(21) of "Hearings before the Florida New Motor Vehicle Arbitration Board" for more information regarding subpoenas.*

I have sent the original and all attachments to the Board, and provided a copy of this completed form, including all attachments, to the consumer (or their attorney) and to any other Manufacturers listed on page one by \_\_\_ U.S. Mail or \_\_\_ email on \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
(Company Name)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name - please print)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-mail)