



**FVS**

*Vargas v. Ford Motor Co.*  
Case No. 2:12-cv-08388-AB-FFM

## NOTICE OF INTENT TO PROCEED TO ARBITRATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name M.I. Last Name

<input type="text"/>
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Primary Address

<input type="text"/>
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Primary Address Continued

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

<input type="text"/>
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Email Address (optional)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Area code Telephone number (home) Area code Telephone number (work)

*Vargas v. Ford Motor Company* Class Action Settlement

Please use this form to notify Ford Motor Company that you intend to submit a claim for Repurchase/Replacement and/or Breach of Express Warranty and proceed to Arbitration under the *Vargas* Settlement. If you wish, you may notify Ford that you intend to submit such a claim by calling Ford at 1-888-260-4563 instead of submitting this form.

**PLEASE NOTE: Submitting this form to Ford is NOT a claim submission. After you submit this form to notify Ford that you intend to submit a claim for repurchase/replacement or breach of warranty, you must wait 10 days before you can submit your claim form(s) on the Arbitration Website (www.consumerarbitrationprogram.com). The Arbitration Administrator will not initiate the arbitration process until your valid claim form has been submitted.**

Will you be represented in arbitration by an attorney with respect to your Claim for Repurchase/Replacement or Breach of Express Warranty?

If yes:

<input type="text"/>
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Attorney's name

<input type="text"/>
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Attorney's address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attorney's phone number



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Preferred Method of Contact:  Phone  Email  Please contact my attorney

VIN of your Class Vehicle :

Date on which you purchased or leased your Class Vehicle:  /  /

Do you still own or lease the vehicle identified above?

If no, date on which you sold or returned the vehicle:  /  /

If yes, current mileage on the vehicle?

Remedy you intend to seek in arbitration (fill in all that apply):

- Repurchase or replacement of my vehicle because of PowerShift transmission problems
- Breach of Ford's New Vehicle Limited Warranty or extension thereof
  - Repair of my vehicle's PowerShift transmission
  - Reimbursement for PowerShift transmission repairs I paid for
  - Extended service plan for my vehicle

Number of attempts you have made to have your PowerShift transmission repaired by Ford or its authorized dealer(s):  1-3  4 or more

Are you still having transmission problems with the vehicle?  Yes  No

If yes, briefly describe the problems:

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Additional Comments:

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