



INSTRUCTIONS FOR COMPLETING
THE USED CAR LEMON LAW
REQUEST FOR ARBITRATION FORM

To participate in the New York State Used Car Lemon Law Arbitration Program, you must complete this form. Please answer all applicable questions. You may send this form electronically. Sign and return the completed form to:

Email: NYAG.LemonLaw@ag.ny.gov

To expedite the handling of your request please email this form to us. After completing this form online, save it to your computer (without changing the name) & attach it to your email.

You may also mail it to:

New York State Attorney General's Office

28 Liberty Street, 15th Floor

New York, NY 10005

Attention: LEMON LAW ARBITRATION UNIT

The Attorney General's Office will review your form and advise you whether your claim is accepted into the arbitration program. If the form is accepted, you will be notified by the Attorney General's Office which will then forward your form to the **New York State Dispute Resolution Association (NYSdra)**, the Program Administrator. NYSDRA will then ask you to send in the required \$120 filing fee and any supporting documents you may have. Upon receipt of the filing fee, NYSDRA will begin processing your claim. If your form is rejected by the Attorney General's Office, it will be returned to you with a statement indicating the reason for its rejection.

**DO NOT SEND THE FILING FEE OR ANY SUPPORTING DOCUMENTS
YOU MAY HAVE UNTIL NYSDRA ASKS YOU TO DO SO.**

Please remember to sign and date the form. **Failure to complete any question may result in a rejection of the form.**

NOTICE:

THE ARBITRATOR'S DECISION UNDER THIS PROGRAM IS BINDING ON BOTH PARTIES, SUBJECT TO A LIMITED RIGHT OF APPEAL TO COURT BY EITHER PARTY. YOU MAY WISH TO CONSULT AN ATTORNEY BEFORE PARTICIPATING IN THIS PROGRAM. PLEASE READ "*NEW YORK'S USED CAR LEMON LAW: A GUIDE FOR CONSUMERS*" CAREFULLY BEFORE COMPLETING THIS FORM.

Office Use Only: Case No. _____
Referred To NYSDRA _____
Filing Date _____

**NEW YORK STATE ATTORNEY GENERAL'S OFFICE
LETITIA JAMES, ATTORNEY GENERAL**

**NEW YORK USED CAR LEMON LAW ARBITRATION PROGRAM
REQUEST FOR ARBITRATION FORM**

CONSUMER INFORMATION

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home (_____) _____ - _____ Work: (_____) _____ - _____
E-mail address: _____

I prefer to send/receive communications by e-mail rather than by regular mail.

DEALER INFORMATION

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____

VEHICLE INFORMATION

3. Manufacturer: _____
(GM, Ford, Chrysler, Toyota, Winnebago, etc.)
4. Year: _____ Make: _____ Model: _____
(ex. Chevrolet, Dodge) (ex. Cavalier, Caravan)
5. Vehicle Identification Number (VIN): _____
6. Date of delivery: _____ Mileage at delivery *: _____

***Vehicles purchased with more than 100,000 miles are not covered by the Lemon Law.**

7. Did you purchase or lease your vehicle in New York? Yes No
 I purchased my vehicle. I leased my vehicle.

8. Purchase Price: \$ _____

9. Is your vehicle primarily used for personal, family or household purposes?... Yes No
10. Do you still own (or lease) your vehicle? Yes No

USED CAR LEMON LAW WARRANTY INFORMATION

11. Which warranty applies to you (choose only one of the following)?
- (a) 90 days or 4,000 miles from the date of delivery, whichever came first, if the vehicle was purchased or leased with between 18,000 and 36,000 miles?..... Yes No
- or**
- (b) 60 days or 3,000 miles from the date of delivery, whichever came first, if the vehicle was purchased or leased with between 36,001 and 80,000 miles?..... Yes No
- or**
- (c) 30 days or 1,000 miles from the date of delivery, whichever came first, if the vehicle was purchased or leased with between 80,001 and 100,000 miles?..... Yes No

BANK OR FINANCING INSTITUTION (if financed):

12. Name: _____
- Address: _____
- City: _____ State: _____ Zip: _____

LEASING COMPANY (if leased):

13. Name: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Lease Acct #: _____

VEHICLE'S PROBLEM(S)

14. Simply **list** the covered problem parts (ex.: *engine, alternator, generator*) for which you seek relief:

Do not include a summary of events. Simply list the problem parts (ex.: *engine, alternator, generator*).

15. On what date and at what mileage did you **first** report this problem(s) to the dealer or the manufacturer? Date: _____ Mileage: _____

16. Does the problem(s) substantially impair the value of the vehicle to you? Yes [] No []

BASIS FOR RELIEF SOUGHT: You must complete at least one of the following two questions (17 or 18).

17. Unsuccessful Repair Attempts

A. How many repair attempts for the **same** problem were made by the selling dealer, or authorized by the dealer, within the warranty period that applies to your vehicle (see question #11) _____

B. Give the date, mileage, and work order number for each of the repair attempts by the dealer for the **same** problem.

Problem 1 (Specify) _____

	<u>Date</u>	<u>Mileage</u>	<u>Work Order #</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Problem 2 (Specify) _____

	<u>Date</u>	<u>Mileage</u>	<u>Work Order #</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

C. Do you have copies of all relevant work orders?..... Yes [] No []
(If yes, please hold onto them until you are contacted by NYSDRA. Otherwise, once accepted into the Program, you may request copies from the dealer, with the arbitrator's approval, by writing to the Administrator pursuant to Regulation §300.9.)

D. Did the problem continue to exist **at the end of the third** repair attempt? Yes [] No []

18. **Days in Shop for Repairs**

A. How many days was the vehicle out of service due to repairs within the warranty period that applies to your vehicle (see question #11)?
_____ days.

B. List the dates, mileage, and repair order numbers for those repairs:

From: _____ To: _____ Days out: _____ Mileage: _____ Work Order # _____

From: _____ To: _____ Days out: _____ Mileage: _____ Work Order # _____

From: _____ To: _____ Days out: _____ Mileage: _____ Work Order # _____

C. Do you have copies of all relevant work orders?..... Yes [] No []
(If yes, please hold onto them until you are contacted by NYSDRA. Otherwise, once accepted into the Program, you may request copies from the manufacturer, with the arbitrator's approval, by writing to the Administrator pursuant to Regulation §300.9.)

HEARING LOCATION

19. Please indicate where you want the arbitration hearing to be held:

- | | | |
|---------------|---------------|---------------|
| Albany | Cobleskill | Oneonta |
| Amsterdam | Elmira | Owego |
| Bath | Hempstead | Plattsburgh |
| Binghamton | Ilion | Poughkeepsie |
| Bronx | Ithaca | Queens |
| Brooklyn | Kingston | Staten Island |
| Buffalo | Manhattan | Syracuse |
| Carmel | Middletown | Utica |
| Catskill | Monticello | Watertown |
| Central Islip | Montour Falls | Yonkers |

TYPE OF HEARING AND RELIEF REQUESTED

20. [] Oral (In Person) Virtual (If available) Documents only (if manufacturer agrees)

PREVIOUS ARBITRATION

21. A. Did you participate in any previous arbitration for the same problem(s) for which you now seek arbitration?..... Yes [] No []

B. If yes, what was the name of the Program? _____

C. Date of Decision: _____ (Attach a copy of the decision)

D. Did you accept the decision of the arbitrator?..... Yes [] No []

E. Did the dealer comply with the decision? Yes No]

SIGNATURE: _____ **Date:** _____

(Simply type your name on the line provided to sign the form. Do not modify the form, electronically or otherwise, to sign your name. If you are having problems typing your name on the form you may simply submit the form.)