



***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 the attached form. Be as accurate and complete as possible. Please attach **copies** of all relevant documents (including your purchase or lease agreement, the NYS Used Car Warranty, all service or work orders relating to the problem for which you seek this arbitration, and any correspondence between you and the dealer relating to such problem). **DO NOT SEND ORIGINAL DOCUMENTS.** Sign and return the completed form, together with your documents, to:

**The New York State Attorney General's Office
120 Broadway -- 3rd floor
New York, NY 10271
Attention: USED CAR LEMON LAW ARBITRATION UNIT**

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

DO NOT SEND THE FILING FEE UNTIL YOU ARE NOTIFIED BY NYSDRA.

Please remember to sign and date the form. **Failure to complete any question or submit documents 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 CONSUMER'S GUIDE" CAREFULLY BEFORE COMPLETING THIS FORM.

Office Use Only:

Case No. _____

Referred to NYSDRA _____

Filing Date _____

**NEW YORK STATE ATTORNEY GENERAL'S OFFICE
ELIOT SPITZER, 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: (_____) _____ - _____

DEALER INFORMATION

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

USED VEHICLE INFORMATION (Attach a copy of your Bill of Sale or Lease)

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

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[]
12. Did you receive a written warranty? (If yes, **attach copy**)..... Yes[] No[]

BANK OR FINANCING INSTITUTION:

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

LEASING COMPANY:

14. Name: _____
- Address: _____
- City: _____ State: _____ Zip: _____ Lease Acct#: _____
15. Total amount paid to date on lease (monthly payment x number of months, plus down payment):..... \$ _____

VEHICLE'S PROBLEM(S)

16. Briefly describe the problem for which you now seek relief:

17. On what date and at what mileage did you **first** report this problem to the dealer?

Date: _____ Mileage: _____

18. Does the problem substantially impair the value of the vehicle to you?

..... Yes [] No []

BASIS FOR RELIEF SOUGHT

19. **Repair Attempts**

A. How many repair attempts for the **same** problem were made by the 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, attach copies of them. 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 []

20. **Days Out of Service**

A. How many days was your vehicle out of service due to repairs or malfunction **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, where available:

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, attach copies of them. 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.)

HEARING LOCATION

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

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Hempstead | <input type="checkbox"/> Oneida |
| <input type="checkbox"/> Amsterdam | <input type="checkbox"/> Highland | <input type="checkbox"/> Oneonta |
| <input type="checkbox"/> Auburn | <input type="checkbox"/> Hudson | <input type="checkbox"/> Oswego |
| <input type="checkbox"/> Batavia | <input type="checkbox"/> Ilion | <input type="checkbox"/> Penn Yan |
| <input type="checkbox"/> Binghamton | <input type="checkbox"/> Ithaca | <input type="checkbox"/> Plattsburgh |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Jamaica | <input type="checkbox"/> Poughkeepsie |
| <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Jamestown | <input type="checkbox"/> Rochester |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Johnstown | <input type="checkbox"/> Saratoga Springs |
| <input type="checkbox"/> Canandaigua | <input type="checkbox"/> Lake Placid | <input type="checkbox"/> Schenectady |
| <input type="checkbox"/> Carmel | <input type="checkbox"/> Lower Manhattan | <input type="checkbox"/> Smithtown |
| <input type="checkbox"/> Catskill | <input type="checkbox"/> Lowville | <input type="checkbox"/> Speculator |
| <input type="checkbox"/> Cobleskill | <input type="checkbox"/> Lyons | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Corning | <input type="checkbox"/> Malone | <input type="checkbox"/> Syracuse |
| <input type="checkbox"/> Cortland | <input type="checkbox"/> Monticello | <input type="checkbox"/> Troy |
| <input type="checkbox"/> Delhi | <input type="checkbox"/> Montour Falls | <input type="checkbox"/> Upper Manhattan |
| <input type="checkbox"/> Elmira | <input type="checkbox"/> New City | <input type="checkbox"/> Utica |
| <input type="checkbox"/> Fort Edward | <input type="checkbox"/> Niagara Falls | <input type="checkbox"/> Waterloo |
| <input type="checkbox"/> Geneseo | <input type="checkbox"/> Norwich | <input type="checkbox"/> Watertown |
| <input type="checkbox"/> Glens Falls | <input type="checkbox"/> Ogdensburg | <input type="checkbox"/> Yonkers |
| <input type="checkbox"/> Goshen | <input type="checkbox"/> Olean | |

TYPE OF HEARING AND RELIEF REQUESTED

22. Oral (In Person) Documents only (if dealer agrees)

PREVIOUS ARBITRATION

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

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

25. Date of Decision: _____ (Attach copy of decision)

26. Did you accept the decision of the arbitrator? Yes No

27. Did the dealer comply with the decision?..... Yes No

SIGNATURE: _____ **Date:** _____