

# 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 be as accurate and complete as possible. You may send this form electronically (*to expedite the handling of your request*) or by regular mail. 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.)

You may also mail it to:

New York State Attorney General's Office 28 Liberty Street, 15<sup>th</sup> 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 it the required \$150 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.

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 communication	ns by e-mail rather than	by regular mail.			
DEAL	ER INFORMATION					
2.	Name:					
	Address:					
	City:	_State:	_Zip:			
VEHI	CLE INFORMATION					
3.	Manufacturer: (GM, Ford, Chrysler, Toyota, et					
4.	Year: Make:	Model:				
5.	(ex. Chevrolet, L Vehicle Identification Number (VIN):	Oodge) (ex. Cav				
6.	Date of delivery:	Mileage at delivery:				
7.	Did you purchase or lease your vehicle in New I purchased my vehicle.	V York? I leased my vehicle.	Yes No			
8.	Purchase Price: \$					

9.		marily used for persons?			Yes No	
10.	Do you still own (o	or lease) your vehicle	e?		Yes No	
WAR	RANTY INFORM	ATION				
11.	Which warranty applies to you (choose only one of the following)?					
<b>. .</b>	whichever	4,000 miles from the came first, if the veh between 18,000 and	nicle was purchased		Yes No	
or	whichever	3,000 miles from the came first, if the veh between 36,001 and	nicle was purchased		Yes No	
or	<ul> <li>(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?</li></ul>					
BANI	<b>X OR FINANCING</b>	INSTITUTION (if	financed):			
12.	Name:					
	Address:					
	City:		State:	Zij	p:	
LEAS	SING COMPANY (i	if leased):				
13.	Name:					
	Address:					
	City:		State:		Zip:	
	Lease Acct #:					
VEHI	CLE'S PROBLEM	[(S)				
14.	Briefly describe the problem(s) for which you seek relief:					

On what date and at what mileage did you <b>first</b> report this problem(s)			
to the dealer or the manufacturer? Date: Mileag	ge:		
Does the problem(s) substantially impair the value of the vehicle to v	ou?		
Does the problem(s) substantiany impair the value of the venicle to yo	Yes No		
	to the dealer or the manufacturer? Date: Mileag	to the dealer or the manufacturer? Date: Mileage: Does the problem(s) substantially impair the value of the vehicle to you?	

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

### 17. Unsuccessful Repair Attempts

C.

D.

- A. How many repair attempts for the <u>same</u> 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)			
Date	Mileage	Work Order #	
(1)			
(2)			
(3)			
Problem 2 (Specify)			
Date	Mileage	Work Order #	
(1)			
(2)			
(3)			
Do you have copies o	f all relevant work orders	? Yes No	
into the Program, yo	ou may request copies fro	se directly to NYSDRA. Otherword the manufacturer, with the aursuant to Regulation \$300.9.)	
-	inue to exist <b>at the end of</b>	f <b>the third</b> repair attempt?	

### 18. Days in Shop for Repairs

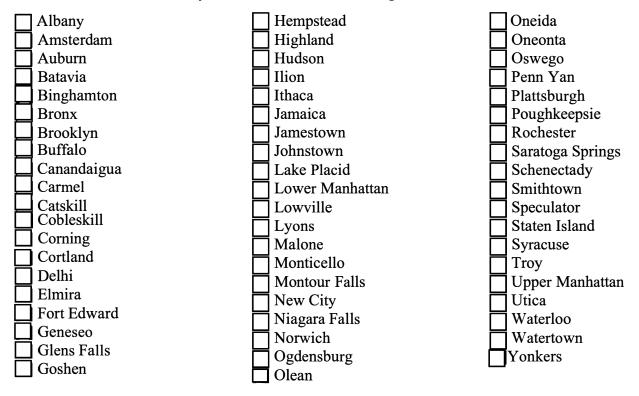
- A. How many days was the vehicle out of service due to repairs within the warranty period that applies to your vehicle (see question #11)? days.
- B. List the dates, mileage, and repair order numbers for those repairs:

From:		То:	Days out:	Mileage:	Work Order #
From:		То:	Days out:	Mileage:	Work Order #
From:		То:	Days out:	Mileage:	Work Order #
C.	Do you	have copies	of all relevant w	ork orders?	Yes No

(If yes, and advised to do so, please send these directly to 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:



# TYPE OF HEARING AND RELIEF REQUESTED

20.	Ora	al (In Person) Documents only (if many	ufacturer 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 copy of d	ecision)			
	D.	Did you accept the decision of the arbitrator?	Yes No			
	E.	Did the dealer comply with the decision?	Yes No			
SIGN	ATURE	Date:Date:				