



INSTRUCTIONS FOR COMPLETING
THE FARM EQUIPMENT LEMON LAW
REQUEST FOR ARBITRATION FORM

To participate in the New York State Farm Equipment Lemon Law Arbitration Program, you must complete the attached form. Be as accurate and complete as possible. You may send this form electronically or by regular mail. Sign and return the completed form to:

Email to: NYAG.LemonLaw@ag.ny.gov

(To expedite the handling of your request please email the form to us.)

You may also mail it to:

New York State Attorney General's Office
28 Liberty Street
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 and documents to the **New York State Dispute Resolution Association (NYSdra)**, the Program Administrator. NYSDRA will then ask you to send it the required \$120 filing fee. Upon receipt of the filing fee and a separate fee from the supplier, 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 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 FARM EQUIPMENT 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 FARM EQUIPMENT 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 be regular mail.

EQUIPMENT INFORMATION

2. Name and Description of Equipment: _____

3. Supplier: _____
4. Year: _____ Make: _____ Model: _____
5. Date of Original Delivery to You: _____
6. Purchase or Lease Price: \$ _____
7. Are you a New York Resident? Yes No
8. How did you obtain the equipment you are complaining about?
 I purchased my equipment. I leased my equipment. Other: _____
9. Was your equipment new (*i.e.*, not owned by another consumer)
at the time of purchase?Yes No

10. What is the length of the express warranty that applies to your equipment? _____ months

SUPPLIER INFORMATION

11. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

BANK OR FINANCING INSTITUTION (if financed):

12. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LEASING COMPANY (if leased):

13. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Lease Acct #: _____

EQUIPMENT'S PROBLEM(S)

14. Briefly describe the problem for which you seek a refund or a replacement equipment:

15. Does the problem(s) for which you seek relief substantially impair the value, use, or safety of the equipment to you? Yes No

16. On what date did you first report this problem(s) to the dealer or supplier?

Date: _____

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 during the time period covered by your equipment's express warranty? _____
- b. Please give the date and work order number for each of the repair attempts by an authorized dealer for the same problem.

Problem 1 (Specify) _____

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

Problem 2 (Specify) _____

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

- c. Do you have copies of all relevant work 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 § 303.10.)
- d. Did the problem continue to exist at the end of the fourth attempt?.....Yes No

18. **Days in the Shop for Repair**

a. How many days was the equipment out of service due to repairs during the time period covered by your equipment's warranty? ____ days.

b. List the dates and repair order numbers for those repairs:

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

c. Do you have copies of all relevant work 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 § 303.10.)

HEARING LOCATION

19. 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

20. Oral (In Person) Documents only (if supplier agrees)
21. If successful, I wish to receive a:
 full refund comparable replacement equipment

PREVIOUS ARBITRATION

22. 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. Did you accept the decision of the arbitrator? Yes No
- D. Did the supplier comply with the decision?..... Yes No
- E. Date of Decision: _____(attach copy of decision)

SIGNATURE: _____ **Date:** _____