



INSTRUCTIONS FOR COMPLETING
THE EXCESS WEAR & DAMAGE LEMON LAW
REQUEST FOR ARBITRATION FORM

To participate in the New York Excess Wear & Damage 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 \$75 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 WEAR & TEAR 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 AUTO LEASING EXCESS WEAR AND DAMAGE 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.

2. Vehicle: Year: _____ Make: _____ Model: _____

3. Date of Lease: _____ Acct.#: _____ Lease Term (# of months): _____

4. Did you lease your car in New York? Yes[] No[]

5. Is your vehicle primarily used for personal, family or household purposes? Yes[] No[]

6. Does the lease contain a clause describing excess wear and damage? Yes[] No[]

7. Was the lease terminated early? Yes[] No[]

8. Did you receive notice from the lessor, between 40-20 days prior to the scheduled termination or not more than 10 days after early termination, of your right to obtain your own appraisal? Yes[] No[]

9. Date vehicle was returned to lessor or its agent: _____

Lessor Information

10. Name of Lessor : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

11. Name of holder of lease (company to whom you made your monthly payments) now seeking excess damage from you:
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____)_____-_____ Fax: :(_____)_____-_____

Excess Wear and Damage Claim

12. Did you receive an itemized bill and appraisal from the lessor-holder for excess damage within 30 days after the vehicle came into actual possession of the lessor? Yes[] No[]
13. Date you received itemized bill and appraisal: _____
14. Amount claimed (by lessor/holder) for excess wear and damage: _____
15. Is this claim based on: (a) an estimate..... Yes[] No[]
 (b) bill for actual repairs Yes[] No[]

Consumer's Damage Appraisal

16. If after you returned the vehicle to the lessor, did the lessor provide you reasonable access to the vehicle for an appraisal? Yes[] No[]
17. Did you obtain your own appraisal of damage Yes[] No[]
18. Who prepared the appraisal? _____
19. Was the appraiser licensed by the Commissioner of Motor Vehicles? Yes] No]
20. Date of appraisal: _____ Amount of estimated damage: \$ _____
21. Date appraisal was submitted to the lessor _____

Consumer's Dispute

22. Do you dispute (a) the existence of any damage Yes[] No[]
 (b) that the damage claimed is "excessive" because you believe it to be normal wear & tear..... Yes[] No[]
 (c) the amount of damage claimed..... Yes[] No[]
 (If yes, by how much: \$ _____)

23. List the items in dispute and for each item indicate the reason for disputing claim (e.g.: item not damaged, or damage is not excessive, or excessive amount charged for repairs, etc.):

<u>Item</u>	<u>Basis for Dispute</u>	<u>Amount</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

HEARING LOCATION

24. 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

25. Oral (In Person) Virtual (If available) Documents only (if lessor agrees)

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.)