



**INSTRUCTIONS FOR COMPLETING
THE EXCESS WEAR AND DAMAGE
REQUEST FOR ARBITRATION FORM**

To participate in the New York State Auto Leasing Excess Wear and Damage 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. Please attach **copies** of all relevant documents (including your purchase or lease agreement, all service or work orders relating to the problem for which you seek this arbitration, and any correspondence between you and the manufacturer or its authorized dealer relating to such problem). **DO NOT SEND ORIGINAL DOCUMENTS.** Sign and return the completed form, together with your documents, to:

**New York State Attorney General's Office
28 Liberty Street, 15th Floor
New York, NY 10005
Attention: EXCESS WEAR AND DAMAGE ARBITRATION UNIT.**

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

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 send it the required \$75 filing fee. 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 FILING FEE UNTIL YOU ARE REQUESTED TO 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 AUTO LEASING EXCESS WEAR AND DAMAGE : 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
BARBARA D. UNDERWOOD, 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 of 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:

- | | | |
|--------------------------------------|--|---|
| <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

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

SIGNATURE: _____ **Date:** _____