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

To participate in the New York State Excess Wear & Damage Lemon Law Arbitration Program, you must complete this form. Please 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: 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, 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 it 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 AUTO LEASING EXCESS WEAR AND DAMAGE : A GUIDE FOR CONSUMERS" CAREFULLY BEFORE COMPLETING THIS FORM.
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: :{(____)(____)-______________

    I prefer to send/receive communications by e-mail rather than be regular mail.
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 
   (If yes, by how much: 
   Yes□ No□

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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.):

<table>
<thead>
<tr>
<th>Item</th>
<th>Basis for Dispute</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
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<tr>
<td>c.</td>
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HEARING LOCATION

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

☐ Albany ☐ Amsterdam ☐ Auburn
☐ Batavia ☐ Binghamton ☐ Bronx
☐ Brooklyn ☐ Buffalo ☐ Canandaigua
☐ Carmel ☐ Catskill ☐ Cobleskill
☐ Corning ☐ Cortland ☐ Delhi
☐ Elmira ☐ Fort Edward ☐ Geneseo
☐ Glens Falls ☐ Goshen ☐ Hempstead
☐ Highland ☐ Hudson ☐ Ilion
☐ Ithaca ☐ Jamaica ☐ Jamestown
☐ Johnstown ☐ Johnstown ☐ Hudson
☐ Lake Placid ☐ Lower Manhattan ☐ Lyons
☐ Malone ☐ Monticello ☐ Montour Falls
☐ New City ☐ Oneida ☐ Oneonta
☐ Oswego ☐ Penn Yan ☐ Plattsburgh
☐ Poughkeepsie ☐ Rochester ☐ Saratoga Springs
☐ Schenectady ☐ Smithtown ☐ Speculator
☐ Staten Island ☐ Troy ☐ Upper Manhattan
☐ Utica ☐ Waterloo ☐ Watertown
☐ Yonkers

TYPE OF HEARING AND RELIEF REQUESTED

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

SIGNATURE: ___________________________ Date: ___________________________