INSTRUCTIONS FOR COMPLETING
THE NEW CAR LEMON LAW
REQUEST FOR ARBITRATION FORM

To participate in the New York State New Car 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 $250 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 NEW CAR LEMON LAW: A GUIDE FOR CONSUMERS" CAREFULLY BEFORE COMPLETING THIS FORM.
NEW YORK STATE ATTORNEY GENERAL’S OFFICE
LETITIA JAMES, ATTORNEY GENERAL

NEW YORK NEW 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 communications by e-mail rather than be regular mail.

VEHICLE INFORMATION

2. Manufacturer: __________________________
   (e.g., GM, Ford, Chrysler, Toyota, Winnebago, etc.)

3. Year: ________ Make: _______________ Model: _______________
   (e.g., Chevrolet, Dodge) (e.g., Cavalier, Caravan)

4. Vehicle Identification Number (VIN): __________________________

5. Date of delivery? ________ Mileage at delivery: ____ Current Mileage: ________

6. Did you purchase or lease your vehicle in New York? ......................... Yes □ No □
   □ I purchased my vehicle. □ I leased my vehicle.

7. Is your vehicle registered in New York? ................................................. Yes □ No □

8. Is your vehicle primarily used for personal, family or household purposes? Yes □ No □

9. Do you still own or lease your vehicle? .................................................. Yes □ No □

10. Purchase Price: $ _____________________
DEALER 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 #: ________________________________________________________

VEHICLE’S PROBLEM(S)
14. Briefly describe the problem for which you seek a refund or a replacement vehicle:

15. Does the problem(s) for which you seek relief substantially impair the
    value of the vehicle to you? ................................................................. Yes □ No □

16. On what date and at what mileage did you first report this problem(s) to the dealer or
    manufacturer? Date: _________________ Mileage: _________________

17. Does the problem(s) involve a dealer installed option? ......................... Yes □ No □
    Specify: ____________________________________________________________
BASIS FOR RELIEF SOUGHT: You must complete at least one of the following three questions (18, 19 or 20). If you have a Motor Home, you must also answer #21.

18. Unsuccessful Repair Attempts
   a. How many repair attempts for the same problem were made within the first 18,000 miles or 24 months, whichever is earlier? ________________
   b. Give the date, mileage and work order number for each of the repair attempts by an authorized dealer for the same problem.

   Problem 1 (Specify) ____________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Mileage</th>
<th>Work Order #</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Problem 2 (Specify) ____________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Mileage</th>
<th>Work Order #</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Section 300.9.)

d. Did the problem continue to exist at the end of the fourth attempt? ______ Yes [ ] No [ ]
19. **Days in Shop for Repairs**

   a. How many days was the vehicle out of service due to repairs within the first 18,000 miles or 24 months, whichever is earlier? _______ days.

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

   From: _______ To: _______ Days out: _______ Mileage: _______ Work Order # _______

   From: _______ To: _______ Days out: _______ Mileage: _______ Work Order # _______

   From: _______ To: _______ Days out: _______ Mileage: _______ 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 Section 300.9.)

20. **Refusal to Repair** *(Note: This question should only be completed if the dealer and the manufacturer refuse to commence repairs.)*

   a. Did you first notify the dealer of the problem for which you are seeking this arbitration? ............................................ Yes□ No□

   b. If yes, what problem(s)? ____________________

   c. What was the date of notification to the dealer?-----------------------------

   d. Did the dealer refuse to inspect the vehicle and make whatever repairs were necessary within 7 days of receiving your initial notice of the problem? .....................Yes□ No□

   e. If yes, did you notify the manufacturer by certified mail, return receipt requested, of such refusal? (Attach copy of notification with proof of mailing.) .....................Yes□ No□

   f. Did the manufacturer fail to make repairs within 20 days of receiving your written notice of the dealer's refusal to repair? .................................Yes□ No□

21. **If Your Complaint Involves a Motor Home:**

   a. Did the dealer or manufacturer provide you with a written copy of the special lemon law notification requirements? ............................................................... Yes□ No□

   b. If yes, prior to this application for arbitration, did you notify the dealer or the manufacturer, by certified mail, return receipt requested, of a defect or condition that was subject to repair 3 times or that the motor home has been out of service by reason of repair for 21 days, whichever occurs first? (If yes, attach copy of the notification with proof of mailing.).................................Yes□ No□
HEARING LOCATION

22. 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
- [ ] Lake Placid
- [ ] Lower Manhattan
- [ ] Lowville
- [ ] Lyons
- [ ] Malone
- [ ] Monticello
- [ ] Montour Falls
- [ ] New City
- [ ] Niagara Falls
- [ ] New City
- [ ] Norwich
- [ ] Ogdensburg
- [ ] Olean
- [ ] Oneida
- [ ] Oneonta
- [ ] Oswego
- [ ] Penn Yan
- [ ] Plattsburgh
- [ ] Poughkeepsie
- [ ] Rochester
- [ ] Saratoga Springs
- [ ] Schenectady
- [ ] Smithtown
- [ ] Speculator
- [ ] Staten Island
- [ ] Syracuse
- [ ] Troy
- [ ] Upper Manhattan
- [ ] Utica
- [ ] Waterloo
- [ ] Watertown
- [ ] Yonkers

TYPE OF HEARING AND RELIEF REQUESTED

23. [ ] Oral (In Person) [ ] Documents only (if manufacturer agrees)

24. If successful, I wish to receive a:
   - [ ] full refund
   - [ ] comparable replacement vehicle

PREVIOUS ARBITRATION

25. 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 manufacturer comply with the decision?.................... Yes [ ] No [ ]

   E. Date of Decision:________________________ (Attach copy of decision)

SIGNATURE:_________________________________________ Date: ____________________________