



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

To be considered for the New York State Excess Wear and Damage Arbitration Program, you must complete and submit the attached form within 60 days of when the vehicle comes into actual possession of the lessor. Be accurate and thorough. You must attach **copies** of all relevant documents (including your lease, itemized bill, appraisal, repair estimates relating to the excess wear and damage for which you seek this arbitration, and any correspondence between you and the lessor relating to such problem). **DO NOT SEND ORIGINAL DOCUMENTS.**

Sign and return the completed form, together with your documents, to the **Attorney General's Office, 120 Broadway, 3rd floor, New York, NY 10271, attention: LEASE EXCESS WEAR AND DAMAGE ARBITRATION UNIT.**

The Attorney General's Office will review your form and advise you whether your claim is eligible to be heard by an arbitrator. 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 NYS Dispute Resolution Association (NYSDRA), the Program Administrator. The NYSDRA will then notify you where to send the required filing fee. Upon receipt of the filing fee, the NYSDRA will begin processing your claim. If your form is rejected, it will be returned to you with a statement indicating the reason for its rejection.

**DO NOT SEND THE FILING FEE UNTIL REQUESTED TO DO SO BY THE NYSDRA.**

Please remember to sign and date the form. **Your failure to complete any question or submit documents may result in a rejection of the form.** Please type or print legibly, in black ink or #2 pencil.

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### 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 & DAMAGE ARBITRATION PROGRAM: A GUIDE FOR CONSUMERS" CAREFULLY BEFORE COMPLETING THIS FORM.

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OFFICE USE ONLY:

CASE NO.: \_\_\_\_\_  
REFERRED TO NYSDRA \_\_\_\_\_  
FILING DATE \_\_\_\_\_

NYS OFFICE OF THE ATTORNEY GENERAL  
ERIC T. SCHNEIDERMAN, ATTORNEY GENERAL

***EXCESS WEAR AND DAMAGE ARBITRATION PROGRAM  
REQUEST FOR ARBITRATION FORM***

**Consumer Lease Information (Attach Copy of Lease)**

1. Consumer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
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: \_\_\_\_\_
- 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 the 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 the 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 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"/> Fort Edward | <input type="checkbox"/> Lowville      | <input type="checkbox"/> Penn Yan      |
| <input type="checkbox"/> Amsterdam  | <input type="checkbox"/> Geneseo     | <input type="checkbox"/> Lyons         | <input type="checkbox"/> Plattsburgh   |
| <input type="checkbox"/> Batavia    | <input type="checkbox"/> Geneva      | <input type="checkbox"/> Malone        | <input type="checkbox"/> Poughkeepsie  |
| <input type="checkbox"/> Binghamton | <input type="checkbox"/> Glens Falls | <input type="checkbox"/> Manhattan     | <input type="checkbox"/> Rochester     |
| <input type="checkbox"/> Bronx      | <input type="checkbox"/> Goshen      | <input type="checkbox"/> Monticello    | <input type="checkbox"/> SrtgaSprngs   |
| <input type="checkbox"/> Brooklyn   | <input type="checkbox"/> Hauppauge   | <input type="checkbox"/> Montour Falls | <input type="checkbox"/> Schenectady   |
| <input type="checkbox"/> Buffalo    | <input type="checkbox"/> Hempstead   | <input type="checkbox"/> New City      | <input type="checkbox"/> Speculator    |
| <input type="checkbox"/> Carmel     | <input type="checkbox"/> Highland    | <input type="checkbox"/> Niagara Falls | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Catskill   | <input type="checkbox"/> Hudson      | <input type="checkbox"/> Norwich       | <input type="checkbox"/> Syracuse      |
| <input type="checkbox"/> Cobleskill | <input type="checkbox"/> Ilion       | <input type="checkbox"/> Ogdensburg    | <input type="checkbox"/> Troy          |
| <input type="checkbox"/> Corning    | <input type="checkbox"/> Ithaca      | <input type="checkbox"/> Olean         | <input type="checkbox"/> Utica         |
| <input type="checkbox"/> Cortland   | <input type="checkbox"/> Jamaica     | <input type="checkbox"/> Oneida        | <input type="checkbox"/> Wash Hts.     |
| <input type="checkbox"/> Delhi      | <input type="checkbox"/> Jamestown   | <input type="checkbox"/> Oneonta       | <input type="checkbox"/> Watertown     |
| <input type="checkbox"/> Elmira     | <input type="checkbox"/> Johnstown   | <input type="checkbox"/> Oswego        | <input type="checkbox"/> Weedsport     |
|                                     | <input type="checkbox"/> Lake Placid |  | <input type="checkbox"/> Yonkers       |

**Type of Hearing and Relief Requested**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_