



INSTRUCTIONS FOR COMPLETING  
**THE USED CAR LEMON LAW**  
REQUEST FOR ARBITRATION FORM

To participate in the New York State Used Car Lemon Law 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**  
**/ LEHUWUHHW**  
**New York, NY 10005**  
**Attention: USED CAR LEMON LAW ARBITRATION UNIT.**

**Or Email to: [NYAG.LemonLaw@ag.ny.gov](mailto: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 \$120 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 questions on the form may result in a rejection of the form. To expedite the handling of your request please send the completed form to email address provided above.**

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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 USED CAR LEMON LAW: A GUIDE FOR CONSUMERS" CAREFULLY BEFORE COMPLETING THIS FORM.

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**Office Use Only:**

Case No. \_\_\_\_\_  
Referred To NYSDRA \_\_\_\_\_  
Filing Date \_\_\_\_\_

**NEW YORK STATE ATTORNEY GENERAL'S OFFICE  
ERIC M. SCHNEIDERMAN, ATTORNEY GENERAL**

**NEW YORK USED 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 by regular mail.

**DEALER INFORMATION**

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**VEHICLE INFORMATION (Attach Copy of Your Bill of Sale or Lease)**

3. Manufacturer: \_\_\_\_\_  
(GM, Ford, Chrysler, Toyota, Winnebago, etc.)

4. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
(ex. Chevrolet, Dodge) (ex. Cavalier, Caravan)

5. Vehicle Identification Number (VIN): \_\_\_\_\_

6. Date of delivery: \_\_\_\_\_ Mileage at delivery: \_\_\_\_\_

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

8. Purchase Price: \$ \_\_\_\_\_

9. Is your vehicle primarily used for personal, family or household purposes? ..... Yes[ ] No[ ]
10. Do you still own (or lease) your vehicle? ..... Yes[ ] No[ ]

**WARRANTY INFORMATION**

11. Which warranty applies to you (choose only one of the following)?

(a) 90 days or 4,000 miles from the date of delivery, whichever came first, if the vehicle was purchased or leased with between 18,000 and 36,000 miles?..... Yes[ ] No[ ]

**or**

(b) 60 days or 3,000 miles from the date of delivery, whichever came first, if the vehicle was purchased or leased with between 36,001 and 80,000 miles?..... Yes[ ] No[ ]

**or**

(c) 30 days or 1,000 miles from the date of delivery, whichever came first, if the vehicle was purchased or leased with between 80,001 and 100,000 miles?..... Yes[ ] No[ ]

**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(s) for which you seek relief::

\_\_\_\_\_

\_\_\_\_\_

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

16. Does the problem(s) substantially impair the value of the vehicle to you?  
..... Yes [ ] No [ ]

**BASIS FOR RELIEF SOUGHT: You must complete at least one of the following two questions (17 or 18).**

**17. Unsuccessful Repair Attempts**

A. How many repair attempts for the **same** problem were made by the selling dealer, or authorized by the dealer, within the warranty period that applies to your vehicle (see question #11)

B. Give the date, mileage, and work order number for each of the repair attempts by the dealer for the **same** problem.

**Problem 1** (Specify) \_\_\_\_\_

	<u>Date</u>	<u>Mileage</u>	<u>Work Order #</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

**Problem 2** (Specify) \_\_\_\_\_

	<u>Date</u>	<u>Mileage</u>	<u>Work Order #</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

C. Do you have copies of all relevant work orders?..... Yes [ ] No [ ]  
(If yes, attach copies of them. Otherwise, once accepted into the Program, you may request copies from the dealer, with the arbitrator's approval, by writing to the Administrator pursuant to Regulation §300.9.)

D. Did the problem continue to exist **at the end of the third** repair attempt?  
..... Yes [ ] No [ ]

**18. Days in Shop for Repairs**

- A. How many days was the vehicle out of service due to repairs within the warranty period that applies to your vehicle (see question #11)?  
\_\_\_\_\_ 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, attach copies of them. 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 §300.9.)

**HEARING LOCATION**

19. 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**

20.     Oral (In Person)                                    Documents only (if manufacturer agrees)

**PREVIOUS ARBITRATION**

- 21.    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.    Date of Decision: \_\_\_\_\_ (Attach copy of decision)
  
- D.    Did you accept the decision of the arbitrator?.....    Yes  No
  
- E.    Did the dealer comply with the decision? .....        Yes  No

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_