INSTRUCTIONS FOR COMPLETING
THE WHEELCHAIR LEMON LAW
REQUEST FOR ARBITRATION FORM

To participate in the New York State Wheelchair 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 sign and return the completed form, together with your documents, 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: WHEELCHAIR LEMON LAW ARBITRATION UNIT

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 to the New York State Dispute Resolution Association (NYSDRA), the Program Administrator. NYSDRA will then notify you to send it the required $100 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 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 WHEELCHAIR LEMON LAW: A GUIDE FOR CONSUMERS" CAREFULLY BEFORE COMPLETING THIS FORM.
NEW YORK WHEELCHAIR 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: ____________________________________________

(Pride Mobility, Permobil, Sunrise, etc.)

3. Year: ____________ Model: ____________________________

4. Did you purchase or lease your wheelchair in New York?.............. Yes[ ] No[ ]

5. Purchase Price: $ ________________

6. Did you lease your wheelchair? ____________________________ Yes[ ] No[ ]

7. Monthly lease payment: $ ________________; Total paid under lease: $ ________________

8. Date of delivery: ____________________________

9. Do you still own or lease your vehicle? ____________________________ Yes[ ] No[ ]

10. Was the wheelchair paid by: [ ] Medicaid [ ] Medicare [ ] other: ____________________________
DEALER INFORMATION

11. Name: ________________________________________________________________
    Address: __________________________________________________________________
    City: __________________ State: _________ Zip: __________________________

LEASING COMPANY (if leased):

12. Name: ________________________________________________________________
    Address: __________________________________________________________________
    City: __________________ State: _________ Zip: __________________________
    Lease Acct #: __________________________________________________________

WHEELCHAIR’S PROBLEM(S)

13. Briefly describe the existing problem(s) for which you now seek a relief:
    ______________________________________________________________________
    ______________________________________________________________________

14. (a) What date did you first report this problem(s) to the dealer or the
    manufacturer? __________________________
    (b) Did you make the wheelchair available for repair before one year
    after the first delivery? _______________

BASIS FOR RELIEF SOUGHT: To qualify for relief, you must complete
either question 15 or 16.

15. Three or More Unsuccessful Repair Attempts
    (a) Were there three or more unsuccessful repair attempts for the
    same problem within one year from the date of original delivery? … Yes[ ] No[ ]
    (b) Does the problem continue to exist? ……………………………………… Yes[ ] No[ ]
    (c) Give the date and work order number for each of the three repair
    attempts by the dealer for the same problem and attach copies of them.
    If you do not have copies of the work orders, once accepted into the Program,
    you may request copies from the manufacturer, with the arbitrator's approval,
    by writing the Administrator pursuant to Regulation §301.9.
Problem (Specify): ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Work Order #</th>
</tr>
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<tbody>
<tr>
<td>(1)</td>
<td></td>
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<td>(2)</td>
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<td>(3)</td>
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16. **Days in Shop for Repairs**

   (a) Was the wheelchair out of service within the first year for the total of 30 or more days? ................................................................. Yes[ ] No[ ]

   (b) List the dates your wheelchair was out of service:

   From: __________  To: __________  Days out: __________

   From: __________  To: __________  Days out: __________

   From: __________  To: __________  Days out: __________

**HEARING LOCATION**

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

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

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TYPE OF HEARING AND RELIEF REQUESTED

18. [ ] Oral
   (a) in person ........ [ ]
   (b) by telephone ... [ ]

   [ ] Documents only (if manufacturer agrees)

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

PREVIOUS ARBITRATION

20. 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: __________________________