



**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](mailto: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, 15<sup>th</sup> 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 (NYS DRA)**, 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.**

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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 AND DAMAGE : 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  
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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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..... 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 is 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"/> 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**

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

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