



**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 this form. Please answer all applicable questions. You may send this form electronically. 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. After completing this form online, save it to your computer (without changing the name) & attach it to your email.

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 in 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 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.

Office Use Only: Case No. _____
Referred To NYSDRA _____
Filing Date _____

**NEW YORK STATE ATTORNEY GENERAL'S OFFICE
LETITIA JAMES, ATTORNEY GENERAL**

**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: _____
(GM, Ford, Chrysler, Toyota, Winnebago, 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. If the form is accepted, you may then provide NYSDRA with a copy of the work orders. 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): _____

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

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 | Cobleskill | Oneonta |
| Amsterdam | Elmira | Owego |
| Bath | Hempstead | Plattsburgh |
| Binghamton | Ilion | Poughkeepsie |
| Bronx | Ithaca | Queens |
| Brooklyn | Kingston | Staten Island |
| Buffalo | Manhattan | Syracuse |
| Carmel | Middletown | Utica |
| Catskill | Monticello | Watertown |
| Central Islip | Montour Falls | Yonkers |

TYPE OF HEARING AND RELIEF REQUESTED

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

[] Documents only (if manufacturer agrees)

19. If successful, I wish to receive a:

[] Full refund [] Comparable new replacement wheelchair

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:** _____

(Simply type your name on the line provided to sign the form. Do not modify the form, electronically or otherwise, to sign your name. If you are having problems typing your name on the form you may simply submit the form.)