



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 be as accurate and complete as possible. You may send this form electronically (*to expedite the handling of your request*) or by regular mail. Please send 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 the form to:

Office of the New York State Attorney General  
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 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 FILING FEE OR ANY SUPPORTING DOCUMENTS YOU MAY HAVE 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.**

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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 WHEELCHAIR 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 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:

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

**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:** \_\_\_\_\_