

DIN TORAH REQUEST

Claimant (Toveah)

Date_____

Name_____

Address_____

Telephone Number_____

Fax Number_____

Defendant (Nitvah)

Name_____

Address_____

Telephone Number_____

Fax Number_____

Brief description of case_____

Claim_____

Note: Multiple forms must be submitted for multiple defendants.

Note: A \$200 application fee must be submitted with this form. There will be an additional \$150 filing fee for any settlement negotiated with the aid of the Bais Din or for issuance of Hasraas Siruv and/or Siruv.

I have read and understand the “Din Torah Fact Sheet” and/or the sections entitled Bais Din Facts and frequently asked questions at www.queensvaad.org before initiating this Din Torah.

Signature

Print Name