



VAAD HARABONIM OF QUEENS

141-49 73rd Ave. Kew Gardens Hills, NY 11367 (718) 520-9060 Fax (718) 520-9063

DIN TORAH REQUEST

Claimant (Toveah) _____ Date _____

Name _____

Address _____

Telephone Number _____

E-mail Address _____

Defendant (Nitvah)

Name _____

Address _____

Telephone Number _____

E-mail Address _____

Brief description of case _____

Claim _____

Note: Multiple forms must be submitted for multiple defendants.
Note: A \$300 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