



141-49 73rd Ave. Flushing, NY 11367 · WWW.QUEENSVAAD.ORG · · (718) 520-9060 · Fax (718) 520-9063

**DIN TORAH REQUEST**

Claimant (Toveah) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Cellphone /Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Defendant (Nitvah)

Name \_\_\_\_\_

Address \_\_\_\_\_

Cellphone /Telephone # \_\_\_\_\_ Email 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](http://www.queensvaad.org) before initiating this Din Torah.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name