



BETH DIN of AMERICA
 בית דין דאמריקא

Application to Open a Case in the Beth Din

תובע (Plaintiff) *Information for all correspondence*

Name
Last First

Firm Name

Address

City State Zip

Daytime Phone

Cell Phone

Fax Number

Email Address

נתבע (Defendant) *Information for all correspondence*

Name
Last First

Firm Name

Address

City State Zip

Daytime Phone

Cell Phone

Fax Number

Email Address

Claim:

1. Please briefly describe the nature of the claim including pertinent details on a separately typed page.
2. Please make sure to include any supporting documentation (e.g., agreement, contract, promissory note, relevant correspondence). Please include three (3) copies of the claim letter and supporting documentation. **Please note that Beth Din of America policy is to forward copies of the claim letter and supporting documentation to all litigants.**

There is a \$150 (\$50 for claims less than \$2,000) *non-refundable* filing fee that must be submitted with this application. In the event that the Beth Din of America decides not to send out a *hazmana* or to take any other action in this case, the filing fee will be returned.

Please mail your application form (including all supporting documentation) together with a check for the filing fee made out to the *Beth Din of America* to: Beth Din of America, 305 Seventh Avenue, 12th Floor, New York NY 10001.

The Rules and Procedures of the Beth Din can be accessed online at www.bethdin.org. A hard copy of the Rules and Procedures can be obtained upon request.

Your application will be reviewed and a response given within three weeks of receipt of the form.

Applicant Signature

Date

For Office Use Only:

Filing Fee: _____

Hazmana 1: _____

Hazmana 2: _____

Hazmana 3: _____

Notes: _____
