



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:

- Please briefly describe the nature of the claim including pertinent details on a separately typed page.
- 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.**
- The filing fee must be enclosed with this application, or may be paid in person or by phone via credit card. Please refer to the fee schedule available at www.bethdin.org/fees to calculate the amount due.

Amount of Claim: \$ _____ Filing Fee: \$ _____

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:

Amount of Claim: \$ _____ Filing Fee: \$ _____

Hazmana 1: _____

Hazmana 2: _____

Hazmana 3: _____

Notes: _____