



**VAAD HARABONIM OF QUEENS**

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

**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](http://www.queensvaad.org) before initiating this Din Torah.

\_\_\_\_\_  
Signature

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