

בית דין צדק בני ברק

בראשות מרן הגאון רבי נסים קרליץ שליט"א

Under the leadership of Hagaon Harav R' Nissim Karelitz Shlit"א

Bet Shemesh branch

Chavakuk Hanavi 4 Ramat Bet Shemesh Gimmel

Tel: 02-5635677 Fax: 153-25635677

Application Form

Please forward this form to the Beis Din Secretary betdinbs@gmail.com

1. Name of claimant: _____ Address _____

Town / City _____ Phone # _____ Mobile # _____

Email: _____

[Represented by: Name: _____ Address _____

Town / City _____ Phone # _____ Mobile # _____

Email: _____].

2) Name of defendant: _____ Address _____

Town / City _____ Phone # _____ Mobile # _____

Email: _____

[Represented by: Name: _____ Address _____

Town / City _____ Phone # _____ Mobile # _____

Email: _____].

3) I am the claimant. I am the defendant.

4) Subject (in no more than 4 words) _____

5) How long has the dispute been running for? _____

6) Have you approached the other side to settle this matter? Yes No

7) Has the defendant agreed to come to Beis Din? Yes No

8) Has the defendant agreed to come to this Beis Din? Yes No

9) How much approximately is the claim (Please state currency) ? _____

10) I hereby accept to sign the Shtar Borerus at the start of the case, and accept upon myself any decision decided upon by the Beis Din and grant them the full right to investigate this case, and will provide them with any necessary papers that they may need. Furthermore, I grant them permission to involve 3rd parties as they see fit.

Signature _____ Date _____

FOR OFFICE USE ONLY

File number _____ Payment Details _____

Notes _____