



65 Watford Way
London NW4 3AQ

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beisdin@federation.org.uk
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If you would like to fill this form in digitally, you can do so fill this form in using a free PDF reader. However for the signature sections, please print out your filled form, sign it by hand, and post it to us. Alternatively, you can scan the form and email it to beisdin@federation.org.uk

DIN TORAH - APPLICATION FORM

A APPLICANT - PERSONAL DETAILS

Name of Applicant _____

Address _____

Postcode _____

Daytime telephone number _____ Home telephone number _____

Fax number _____ Email _____

B DEFENDANT - PERSONAL DETAILS

Name of person you wish to call to a Din Torah _____

Address _____

Postcode _____

Daytime telephone number _____ Home telephone number _____

Fax number _____ Email _____

If there is more than one defendant, please give details of the other defendants

Address _____

Postcode _____

Daytime telephone number _____ Home telephone number _____

Fax number _____ Email _____

C STATUS OF CLAIMANT

Are you applying in your personal capacity? YES NO

If you are applying on behalf of a Company, state the nature of the Company and your position in it

Are you authorised to represent the company? YES NO



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D STATUS OF DEFENDANT

Are you claiming against the Defendant in his personal capacity? YES NO

If you are claiming against a Company, state the nature of the Company and the Defendant's position in it

Is the Defendant authorised to represent the Company? YES NO

E DETAILS OF THE CLAIM

Please state, if you are seeking a financial remedy, the amount of the claim you are seeking as precisely as possible

If you are not seeking a financial remedy, please state the nature of the remedy you are seeking

Please give a brief outline of the facts giving rise to your claim

F REPRESENTATION / WITNESSES

Will you be representing yourself? YES NO

If not, please give details of the person whom you wish to represent you (this may be either a lawyer, a To'en Rabbani, or a friend)

Name -----

Address -----

Postcode -----

Daytime telephone number ----- Home telephone number -----

Fax number ----- Email -----



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If there are any witnesses whom you wish to call, please give details below

Date _____ Signed _____

N.B. Please note that this is merely an internal application form. In accordance with Jewish Law, no ex-parte statements are admitted and the details on your claim will not be shown to the Dayanim before the Hearing.

If the complexities of the case suggest that it would be advantageous for the Beis Din to review the case before the first hearing, and with the consent of both parties, written submissions may be made prior to the hearing.

All submissions to the Beis Din concerning the case should be submitted as a matter of course to the other party too.

If you intend to present any documents at the Hearing, you should provide three copies for the Dayanim (if the case is to be heard by a full tribunal of three), and an additional copy for the other party.

When you attend for the Hearing, both you and the Defendant(s) will be asked to sign a legal form submitting the dispute to the arbitration of the Beth Din, so that any decision taken by the Beth Din will be binding in Civil Law as well. A draft copy of the Arbitration Agreement can be found at <http://www.federation.org.uk/beis-din/>.