

INSTRUCTIONS and APPLICATION FOR DIN TORAH

Please provide the following:

1) A clean photocopy of a state-issued identification: a driver's license or a passport.

2) Your personal details:

Full legal name(s) of person/people/company: _____

Home Address: _____ City, State, Zip: _____

Occupation: _____ Name of company: _____

Work address: _____

Home phone: (____) _____ Work phone: (____) _____

Cell phone: (____) _____ Fax: (____) _____

3) Details of the person(s) you are calling to the Beth Din:

Full legal name(s) of person/people/company: _____

Home Address: _____ City, State, Zip: _____

Occupation: _____ Name of company: _____

Work address: _____

Home phone: (____) _____ Work phone: (____) _____

Cell phone: (____) _____ Fax: (____) _____

4) Details of the 2nd person(s) you are calling to the Beth Din:

Full legal name(s) of person/people/company: _____

Home Address: _____ City, State, Zip: _____

Occupation: _____ Name of company: _____

Work address: _____

Home phone: (____) _____ Work phone: (____) _____

Cell phone: (____) _____ Fax: (____) _____

5) Which days of the week can both partners appear for a Beth Din? _____ Time: _____

6) Do both parties consent to the Beth Din? _____

7) This convocation is about (with no details at all): _____

8) Proof of claim and defense:

We affirm that all the above is true.

Signature(s) of applicant(s)

Date