

**BETH DIN OF  
MONTREAL P.Q.**

RABBI Y.B. WEISS  
CHIEF RABBI

RABBI J. KAUFMAN  
RABBI D. BANON  
RABBI W.B. LERNER  
RABBI Y. C. WENGER  
RABBI B. BELL  
RABBI A. POSEN



**בית דין צדק  
של מאנטריאל**

הרב יהונתן בנימין ווייס  
אב"ד

הרב יהושע העשל קויפמן  
הרב דוד רפאל באנון  
הרב וואלף בער לערנער  
הרב דובער הכהן בעל  
הרב יואל חנן ונגר  
הרב אריה אליעזר פאזען

**APPLICATION TO REQUEST A DIN TORAH**

Date: \_\_\_\_\_

**Plaintiff תובע**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Defendant נתבע**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please describe the nature of the claim: \_\_\_\_\_

\_\_\_\_\_

What is the amount of the claim? \_\_\_\_\_

Has this claim previously been referred for mediation to any Rabbi or addressed in a Civil Court or Beth Din? If so, please provide a brief history. \_\_\_\_\_

\_\_\_\_\_

*There is an administrative fee of \$150.00 for the Beth Din to process your claim. At the time when the hearing is scheduled further charges are applicable. Each party is required to pay \$300.00 per two hour session. Overtime will be charged at \$150.00 per hour. In special circumstances (e.g. certain complex litigations), additional fees may be applied.*

*Please email application to: [ajunger@mk.ca](mailto:ajunger@mk.ca)*