



**Bet Din Aram Soba**  
**Physical Location Address**  
**Har Nof, Jerusalem Israel**  
**Phone number and fax**  
**[www.AramSoba.org](http://www.AramSoba.org)**

# CLAIM FORM

Date \_\_\_\_\_

Submit this form to the bet din via email by clicking the button to the right or attach this document to an email message.

תובע (Plaintiff)		
Name		
	Last	First
Firm Name		
Address		
	City	State/Country Zip Code
Daytime Phone		
Cell Phone		
Fax Number		
Email Address		

נתבע (Defendant)		
Name		
	Last	First
Firm Name		
Address		
	City	State/Country Zip Code
Daytime Phone		
Cell Phone		
Fax Number		
Email Address		

Brief summary of the claim

The matter above is requested to be adjudicated by **Bet Din** **Rabbinic Arbitration**

Signature of Plaintiff		Date	
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Signature of Defendant (for mutually agreed arbitration)		Date	
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