

APPLICATION FOR DIN TORAH
SMALL CLAIMS DIVISION

Eligibility The RCC Beis Din accepts cases for its small claims division ranging from a minimum of a \$1000 claim through a maximum claim of \$10,000.

Procedure All cases are heard by our standard three judge panel of Rabbis who are expert in Jewish financial law. Litigants are limited to a one hour presentation (each side), and attorneys are not admitted to small claims proceedings.

Legal Authority All Dinei Torah are conducted by binding arbitration and are enforceable in California law. The RCC is not responsible for enforcement of an award, but will cooperate with enforcement actions when needed.

Costs Besides the initial filing fee, each side pays a flat fee of \$200. **Date of Hearing** Every summons includes a tentative hearing date. This date is not final, and is very likely to change to accommodate the schedules of all parties. When both parties agree to use the RCC Beis Din, we will email or fax a binding arbitration agreement. After the parties sign the agreement, we will finalize the hearing date. You should not plan to attend a hearing until we have finalized the hearing date with each party.

To request the issuance of a summons, please return this completed application together with your nonrefundable filing fee of \$75, payable to the Rabbinical Council of California (RCC). To avoid delays in processing your application, please make sure the information below is complete.

PLAINTIFF:

Name _____

Address _____

Daytime Phone _____ Mobile phone _____

Fax _____ Email address _____

DEFENDANT:

Name _____

Address _____

Daytime Phone _____ Mobile phone _____

Fax _____ Email address _____

בית דין צדק

בס"ד

ועד הרבנים דקליפארניא

Briefly describe your claim

Estimated Value of Claim:

Rabbinical Council of California

4221 Wilshire Blvd., Ste 390, Los Angeles, California 90010 (213) 389-3382 Fax: (213) 234-4558 Email: info@rccvaad.org

Small Claims Application

There is a non-refundable application fee of \$75

If paying by check please make out the check to "RCC" and mail to:

The Rabbinical Council of California
4221 Wilshire Blvd.
Suite 390
Los Angeles, CA 90010

If paying by credit card (Visa, Mastercard only), please fill out the information below:

CC# _____ exp: _____ Security Code: _____

Name on Card: _____

Billing Address: _____ Zip code: _____

Save Application as PDF

Print Application

You can send this application by email by clicking the button above to save this form as a pdf. Then attach it in an email addressed to info@RccVaad.org

You can send this form in via fax or mail by clicking the button above to print the form and sending it to us via mail.

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