

## INTAKE FORM

Vaad Hadin V'Horaah  
61 South Main Street, Suite 3  
New City, NY 10956  
Tell 845-579-2270



### YOUR INFORMATION

NAME of <b>CLAIMANT</b>	
COMPANY NAME	
ADDRESS	
DAYTIME PHONE	
CELLULAR PHONE	
EMAIL	
NAME OF COUNSEL (if applicable)	
COUNSEL'S PHONE/EMAIL	

**RESPONDENT'S INFORMATION (CLAIMANT: Please fill in any information that you have. If you don't have the information, just write "I don't know.")**

NAME of <b>RESPONDENT</b>	
COMPANY NAME	
ADDRESS	
DAYTIME PHONE	
CELLULAR PHONE	
EMAIL	
NAME OF COUNSEL (if applicable)	
COUNSEL'S PHONE/EMAIL	

**INTAKE FORM**

**NATURE OF CLAIM:** Please describe in as much detail as possible. To the extent additional space is needed, additional pages can be attached to this form.

**CLAIMANT'S OBJECTIVE:** Please describe in as much detail as possible. To the extent additional space is needed, additional pages can be attached to this form.

## INTAKE FORM

### NOTES:

The Rules and Procedures of the Vaad Hadin V'Horaah (the "Vaad") are available on our website. For further information, please contact the Vaad office directly. Please also sign and return the attached arbitration agreement with this completed form.

**By signing this intake form, I agree to be bound by the Rules and Procedures of the Vaad with respect to this claim, and I confirm that I have reviewed and hereby accept the Vaad's Rules and Procedures.**

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

Name (Print):\_\_\_\_\_

The fee for intake is \$180. Payment can be made via check (made out to "Vaad Hadin V'Horaah, Inc.") and should be sent to:

Vaad Hadin V'Horaah  
61 South Main Street, Suite 3  
New City, NY 10956

Payment can also be made via credit card by calling the Vaad's office (845-579-2270).