

CONSENT TO BECOME PARTY PLAINTIFF

Higgins, et al. v. Bayada Home Health Care, Inc., Case No. 16-cv-2382-MEM
United States District Court, Middle District of Pennsylvania

Complete and Mail, Fax or Email to:

ATTN: BAYADA HOME HEALTH CARE UNPAID OVERTIME ACTION

Stephan Zouras, LLP
205 North Michigan Avenue, Suite 2560
Chicago, Illinois 60601
Fax to: (312) 233-1560
Email to: lawyers@stephanzouras.com

By signing below, I state that I have been employed by **Bayada Home Health Care, Inc., (“Bayada”)**, or one of its subsidiaries or affiliates (“Defendants”), as a **Registered Nurse, Physical Therapist, Occupational Therapist, Speech Pathologist or other similarly titled position** within the past three (3) years and that I hereby consent to join this lawsuit seeking unpaid overtime wages based on Defendants’ alleged violations of the Fair Labor Standards Act, 29 U.S.C. § 201, *et. seq.*

I hereby designate the law firm Stephan Zouras, LLP, to represent me for all purposes of this action.

I also designate the Class Representative as my agent to make decisions on my behalf concerning this lawsuit, the method and manner of conducting the lawsuit, the entering of an agreement with Plaintiffs’ counsel concerning attorneys’ fees and costs, and all other matters pertaining to this lawsuit.

Date

Signature

Print Name

***Statute of limitations concerns mandate that you return
this form as soon as possible to preserve your rights.**

*****Note: This Second Page Will Not Be Filed With the Court*****

NAME: _____ (Print Name)

TELEPHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

TITLE AT BAYADA (REGISTERED NURSE, PHYSICAL THERAPIST,
OCCUPATIONAL THERAPIST, SPEECH PATHOLOGIST, OR OTHER):

DATES OF EMPLOYMENT AT BAYADA:

RATE(S) OF PAY AT BAYADA:
