

CONSENT TO BECOME PARTY PLAINTIFF

Brown v. Health Resource Solutions, Inc., et al., Case No. 16-cv-10667
United States District Court, Northern District of Illinois

Complete and Mail, Fax or Email to:

ATTN: HEALTH RESOURCE SOLUTIONS UNPAID OVERTIME ACTION

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

By signing below, I state that I have been employed by **Health Resource Solutions, Inc. (“HRS”)**, or one of its subsidiaries or affiliates (“Defendants”), as a **Registered Nurse, Physical Therapist, Occupational Therapist 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 HRS (REGISTERED NURSE, PHYSICAL THERAPIST,
OCCUPATIONAL THERAPIST, OR OTHER):

DATES OF EMPLOYMENT AT HRS:

RATE(S) OF PAY AT HRS:
