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**PLAINTIFF CONSENT FORM**

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1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against my current/former employer, Meridian Services, Inc., and any other related entities, subsidiaries, parent companies, or affiliates, to recover overtime pay.
2. During the past three years, there were occasions when I worked over 40 hours per week for Meridian Services as a case manager/social worker, or other similar position and did not receive proper compensation for my overtime hours worked.
3. If this case does not proceed collectively, then I also consent to join any subsequent action or matter to assert these claims against Meridian Services and any other related entities, subsidiaries, parent companies, or affiliates.
4. I understand that I may withdraw my consent to proceed with my claims at any time by notifying the attorneys handling the matter.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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**Information below will be redacted in filings with the court.**

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Best Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Return this form by  
fax, email or mail to:**

**Nichols Kaster, PLLP, Attn: H. Clara Coleman  
Fax: (612) 215-6870  
Email: [consents@nka.com](mailto:consents@nka.com)  
Address: 4700 IDS Center, 80 S. 8th Street, Minneapolis, MN 55402  
Web: [www.nka.com](http://www.nka.com)**