

**IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

CHRISTY HUTCHINSON, *Individually and On*)
Behalf of All Others Similarly Situated,)

Plaintiff,)

v.)

FAST PACE MEDICAL CLINIC PLLC d/b/a)
FAST PACE HEALTH,)

Defendant.)

CASE NO.: 3:22-cv-00511

JURY DEMAND

CONSENT TO JOIN

1. I consent to the filing of this form in, and to join and become a plaintiff in the above-captioned collective action lawsuit, to pursue my claim of unpaid overtime pay against Defendant FAST PACE MEDICAL CLINIC PLLC d/b/a FAST PACE HEALTH while working as an hourly-paid, non-exempt healthcare worker, at any time within three years prior to the date on which this form is completed and filed with the Court.

2. I understand that this lawsuit seeks unpaid overtime wages, liquidated damages, and attorneys' fees and costs under the FLSA. I consent to be bound by the Court's orders and decisions in this case.

3. I designate the law firm and attorneys at Brown, LLC as my attorneys to represent me in this lawsuit.

4. I consent to having the Named Plaintiff CHRISTY HUTCHINSON pursue this lawsuit in and on my behalf, and I designate the Named Plaintiff to make decisions on my behalf concerning the litigation, including decisions regarding settlement or trial, negotiating a resolution of my claims and entering into an agreement regarding attorneys' fees and costs, and I understand and agree to be bound by such decisions.

5. In the event my claims are dismissed or withdrawn from the above-captioned lawsuit without prejudice, I authorize Plaintiffs' counsel Brown, LLC to use this consent form to re-file my claims in a separate or related action against Defendant.

Signed: _____

Dated: _____

Name: _____

ADDITIONAL INFORMATION

(Privileged and Confidential)

Please enter the following information. This information will not be filed with the Court:

Address: _____ **Tel. Number:** _____
Street

_____ **E-mail Address:** _____
City, State, Zip Code

(Please provide any future updates to your contact information while the case is pending)

**Dates Employed by
Defendant:**

Starting month/year

Ending month/year

**Position(s)
Held:**

*If you held multiple positions,
please include dates for each*

Work Location(s):

City/State

RETURN COMPLETED CONSENT-TO-JOIN FORM TO:

Brown, LLC
111 Town Square Place, Suite 400
Jersey City, NJ 07310
(877) 561-0000 (office); (855) 582-5297 (fax)
flsagroup@jtblawgroup.com

You may return your form by mail, fax, e-mail, or electronic signature.