

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

DOROTHEA CORNICK, individually and on behalf of others similarly situated,

Plaintiff,

vs.

AWARE RECOVERY CARE, INC. and  
AWARE RECOVERY CARE OF  
MASSACHUSETTS, LLC,

Defendants.

Civil Case No.: 3:24-cv-00469

**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 wages for hours worked over 40 in a workweek, while working for Aware Recovery Care, Inc. and/or Aware Recovery Care of Massachusetts, LLC, as a Certified Recovery Advisor (“CRA”), CRA Lead, and/or Care Coordinator, at any time within the period of March 2021 to present.
2. I understand that this lawsuit seeks unpaid overtime wages, liquidated damages, and attorneys’ fees and costs under the FLSA and similar relief under applicable state wage-and-hour laws. I consent to be bound by the Court’s orders and decisions in this case.
3. I designate the law firms and attorneys at Brown, LLC as my attorneys to represent me in this lawsuit.
4. I consent to having the Named Plaintiff Dorothea Cornick pursue this lawsuit in my name, 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.

**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*  
\_\_\_\_\_  
*City, State, Zip Code* **E-mail Address:** \_\_\_\_\_

*(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](mailto:flsagroup@jtblawgroup.com)

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