

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

LATRICE GRIMES, *individually, and on* :
behalf of all others similarly situated, :

Plaintiff, :

v. :

HUDSON HEALTH SERVICES, INC. :
d/b/a HUDSON BEHAVIORAL :
HEALTH :

Defendant. :

CIVIL ACTION NO.: 1:22-cv-02743

CONSENT TO JOIN FORM

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 wages for all hours worked against Hudson Health Services, Inc. while working as an hourly-paid non-exempt healthcare worker, at any time within the period of October 2019 to present.
2. I understand that this lawsuit seeks unpaid overtime wages, liquidated damages, attorneys' fees, costs and other relief under the Fair Labor Standards Act and 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, and The Rubin Employment Law Firm, PC as my attorneys to represent me in this lawsuit.
4. I consent to having the Named Plaintiff Latrice Grimes 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.
5. In the event my claims are dismissed or withdrawn from the above-captioned lawsuit without prejudice, I authorize Plaintiff's counsel Brown, LLC to use this consent form to re-file my claims in a separate or related action against Hudson Health Services, Inc.

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: _____ **Work Location(s):** _____
If you held multiple positions, please include dates for each *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.