



**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.*