

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

MEGAN LYSZAZ, individually, and on
behalf of all others similarly situated,

Plaintiff,

vs.

VETERAN GOVERNMENT
SERVICES, INC.

Defendant.

Case No. 1:23-cv-01178-MSN

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 Veteran Government Services, Inc. as an hourly-paid call center agent, at any time within the period of September 2020 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 and Goldberg Finnegan Cannon, LLC as my attorneys to represent me in this lawsuit.

4. I consent to having the Named Plaintiff Megan Lyszaz 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 In the event my claims are dismissed or withdrawn from the above-captioned lawsuit without prejudice, I authorize Plaintiff's counsel Brown, LLC to use this consent form to re-file my claims in a separate or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 Veteran Government 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.