

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

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