

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MASSACHUSETTS
EASTERN DIVISION**

SHAUN MOORE, *individually, and on* :
behalf of all others similarly situated, :

Plaintiff, :

v. : Civil Action No.: 1:23-cv-13106

CEDARS MEDITERRANEAN :
FOODS, INC. :

Defendant. :

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 Cedars Mediterranean Foods, Inc. as an employee, at any time within the period of December 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 as my attorneys to represent me in this lawsuit.

4. I consent to having the Named Plaintiff Shaun Moore 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 In the event my claims are dismissed or withdrawn from the above-captioned lawsuit without prejudice, I authorize Plaintiff's counsel Brown, LLC to use this consent form to re-file my claims in a separate or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 Cedars Mediterranean Foods, 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:**

*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.