

1 UNITED STATES DISTRICT COURT
2 DISTRICT OF NEVADA

3 FREDDIE PEARSON, individually, and on
4 behalf of all others similarly situated,

5 Plaintiff,

6 vs.

7 INTOUCHCX SOLUTIONS, INC.

8 Defendant.

Case No.: 2:23-cv-01888

CONSENT TO JOIN

9 **CONSENT TO JOIN**

10 1. I consent to the filing of this form in, and to join and become a plaintiff in the above-
11 captioned collective action lawsuit, to pursue my claim of unpaid wages and overtime
12 compensation for hours worked over 40 in a workweek, while working for IntouchCX Solutions,
13 Inc. as an employee, at any time within the period of November 2020 to present.

14 2. I understand that this lawsuit seeks unpaid overtime wages, liquidated damages,
15 and attorneys' fees and costs under the FLSA and similar relief under applicable state wage-and-
16 hour laws. I consent to be bound by the Court's orders and decisions in this case.

17 3. I designate the law firms and attorneys at Brown, LLC as my attorneys to represent
18 me in this lawsuit.

19 4. I consent to having the Named Plaintiff Freddie Pearson pursue this lawsuit in my
20 name, and on my behalf, and I designate the Named Plaintiff to make decisions on my behalf
21 concerning the litigation, including decisions regarding settlement or trial, negotiating a resolution
22 of my claims and entering into an agreement regarding attorneys' fees and costs, and I understand
23 and agree to be bound by such decisions.

24 5. In the event my claims are dismissed or withdrawn from the above-captioned
25 lawsuit without prejudice, I authorize Plaintiff's counsel Brown, LLC to use this consent form to
26 re-file my claims in a separate or related action against IntouchCX Solutions, Inc.

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Signed: _____ **Dated:** _____

Named: _____

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.