

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

SONYA WILLIAMS ROGERS, :
individually, and on behalf of all others :
similarly situated, :
 :
Plaintiff, :
 : Civil Action No.: 1:23-cv-16387
v. :
 :
ALIGHT SOLUTIONS LLC :
 :
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 Alight Solutions, LLC as an hourly-paid employee, at any time within the period of November 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 Sonya Williams Rogers 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 In the event my claims are dismissed or withdrawn from the above-captioned lawsuit without prejudice, I authorize Plaintiff’s counsel Brown, LLC to use this consent form to re-file my claims in a separate or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 Alight Solutions, LLC.

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.