**THE UNITED STATES DISTRICT COURT**

**FOR THE EASTERN DISTRICT OF NORTH CAROLINA**

**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, and/or any other lawsuit, to pursue my claim against Atlantic Casualty Insurance Company, Strickland Insurance Group, Inc. and Strickland Insurance Brokers, Inc. while working as a Claims Examiner, whose primary duties were serving to parrot information between Defendants, independent insurance adjusters, and customers, and providing clerical support, at any time within the period of September 21, 2017 to present.
2. I understand that this lawsuit seeks unpaid overtime wages, liquidated damages, and attorneys’ fees and costs under the FLSA and under state law. 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 Crumley Roberts LLP as my attorneys to represent me in this lawsuit.
4. I consent to having the Named Plaintiff Sheryl Dickinson 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 the case is certified and then decertified or dismissed without prejudice, I authorize Plaintiffs’ counsel Brown, LLC to use this consent form to re-file my claims in a separate or related action against Atlantic Casualty Insurance Company, Strickland Insurance Group, Inc. and Strickland Insurance Brokers, Inc.

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| --- | --- | --- | --- | --- |
| **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* |  |  |
|  |  | **E-mail Address:** |  |
|  | *City, State, Zip Code* |  |  |

(*Please provide any future updates to your contact information while the case is pending)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates Employed by Defendant:** |  |  |  |
|  | *Starting month/year* |  | *Ending month/year*  |

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| --- | --- | --- | --- |
| **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.*