

1 UNITED STATES DISTRICT COURT
2 DISTRICT OF NEVADA

3 SHUNDELL TAYLOR, individually, and on
4 behalf of all others similarly situated,

5 Plaintiff,

6 vs.

7 VALIDITY RESEARCH, INC.,

8 and,

9 KGS RESEARCH, INC.

10 Defendants.

Case No.: 2:24-cv-01309

CONSENT TO JOIN

11 **CONSENT TO JOIN**

12 1. I consent to the filing of this form in, and to join and become a plaintiff in the above-
13 captioned collective action lawsuit, to pursue my claim of unpaid wages and overtime
14 compensation for hours worked over 40 in a workweek, while working for Validity Research, Inc.
15 and KGS Research, Inc. at any time within the period of July 2021 to present.

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

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

21 4. I consent to having the Named Plaintiff Shundell Taylor pursue this lawsuit in my
22 name, and on my behalf, and I designate the Named Plaintiff to make decisions on my behalf
23 concerning the litigation, including decisions regarding settlement or trial, negotiating a resolution

1 of my claims and entering into an agreement regarding attorneys' fees and costs, and I understand
2 and agree to be bound by such decisions.

3 5. In the event my claims are dismissed or withdrawn from the above-captioned
4 lawsuit without prejudice, I authorize Plaintiff's counsel Brown, LLC to use this consent form to
5 re-file my claims in a separate or related action against Validity Research, Inc. and KGS Research,
6 Inc.

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9 **Signed:** _____ **Dated:** _____

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11 **Named:** _____

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1 **ADDITIONAL INFORMATION**

2 *(Privileged and Confidential)*

3 **Please enter the following information. This information will not be filed with the Court:**

4 **Address:** _____ **Tel. Number:** _____

5 *Street*

6 _____ **E-mail Address:** _____

7 *City, State, Zip Code*

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

9 **Dates Employed
by Defendant:**

10 _____ *Starting month/year* _____ *Ending month/year*

11 **Position(s)
Held:**

12 **Work
Location(s):** _____

13 *If you held multiple positions,
please include dates for each*

14 *City/State*

15 **RETURN COMPLETED CONSENT-TO-JOIN FORM TO:**

16 **Brown, LLC**

17 111 Town Square Place, Suite 400 Jersey City, NJ 07310

18 (877) 561-0000 (office); (855) 582-5297 (fax)

19 flsagroup@jtblawgroup.com

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

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