

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION**

**ANESSIA AMOKO, individually and on behalf  
of all others similarly situated,**

**Plaintiffs,**

**v.**

**N&C CLAIMS SERVICE, INC., NICHOLAS F.  
IERULLI, PAM IERULLI, and SEIBELS  
CLAIMS SOLUTIONS, INC.,**

**Defendants.**

**Case No. 3:20-cv-4346-SAL**

**CONSENT TO SUE**

I worked for N&C Claims Service, Inc., Nicholas F. Ierulli, Pam Ierulli, Seibels Claims Solutions, Inc., and any other associated parties, in South Carolina as an insurance adjuster during the last three years, was classified as an independent contractor, and was not paid overtime wages for hours worked over forty in a workweek. I hereby consent to sue Defendants in this Fair Labor Standards Act case. I understand that by signing this form, I consent to representation by the Named Plaintiff and the bringing of any claims I may have under the Fair Labor Standards Act in this action against the Defendants for unpaid overtime, liquidated damages, attorneys' fees, costs, and other relief.

I authorize Getman, Sweeney & Dunn, PLLC, and any associated attorneys, as well as any successors or assigns, ("Plaintiffs' Counsel"), along with Coskrey Law Office ("Local Counsel"), to represent me in this case. By signing and returning this consent to sue, I understand that, if accepted for representation, I will be represented by Plaintiffs' Counsel without prepayment of costs or attorneys' fees. I understand that if Plaintiffs are successful, costs expended by attorneys on my behalf will be deducted from my settlement or judgment amount on a pro rata basis with all other plaintiffs. I understand that the attorneys may petition the Court for an award of fees and costs to be paid by Defendants on my behalf. I understand that the fees retained by the Plaintiffs' Counsel will be either (a) the amount of fees received from Defendants as approved by the Court, or (b) 1/3 of the gross settlement or judgment amount, whichever is greater. I understand and agree that fees and costs recovered by the attorneys in this case will be divided between Plaintiffs' Counsel and Local Counsel in proportion to the work performed. If the case is not successful, I will not be obligated to pay any fees or costs to Plaintiffs' Counsel or Local Counsel.

I designate the Named Plaintiff in this action as my agent to make decisions on my behalf concerning the litigation, including the method and manner of conducting this litigation, entering into settlement agreements, and all other matters pertaining to this lawsuit.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**CONTACT FORM**

**Information Below Is Required But Will Not Be Filed with the Court or shared with the Defendants. Please Print Clearly or Type.**

**Full Name** \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Cell Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Check next to the best way to reach you: Text** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

Return this form by mail, email or fax to:

Getman, Sweeney & Dunn, PLLC

Attn.: James Sherwood

260 Fair Street

Kingston, NY 12401

Phone: (845) 255-9370

Fax: (845) 255-8649

Email: [jsherwood@getmansweeney.com](mailto:jsherwood@getmansweeney.com)

**If you have questions, please contact James Sherwood at 845-255-9370 or at the email address above. This Consent to Sue is not valid or effective until you have received a confirmation letter from Getman, Sweeney & Dunn indicating that it has been filed. If you have not received a letter within 3 weeks from your transmission of the form to us, you must contact the firm by phone at 845-255-9370.**