

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION**

SHERI MOSLEY, individually and on behalf all
others similarly situated,

Plaintiffs,

v.

LOZANO INSURANCE ADJUSTERS,
INC., FRANK LOZANO, LISETTE
LOZANO, and ANCHOR INSURANCE
HOLDINGS, INC.,

Defendants.

CONSENT TO SUE

CONSENT TO SUE UNDER THE FLSA

I hereby consent to be a plaintiff in an action under the Fair Labor Standards Act, 29 U.S.C. § 201 *et seq.*, to secure unpaid overtime pay, liquidated damages, attorneys' fees, costs and other relief arising out of my employment with the Defendants and any other associated parties.

I authorize Getman, Sweeney & Dunn, PLLC, and any associated attorneys as well as any successors or assigns, to represent me with my claims by joining my claims to an existing lawsuit against Defendants and any other associated parties in which they represent plaintiffs. By signing and returning this consent to sue, I understand that, if accepted for representation, I will be represented by the above attorneys 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 attorneys will be either the amount received from the defendant or 1/3 of my gross settlement or judgment amount, whichever is greater.

Date: _____

Signature: _____

Print Name: _____

To be considered for representation, send the completed form to Getman, Sweeney & Dunn, 260 Fair Street, Kingston, NY 12401, or send it by fax to (845) 255-8649, or e-mail it to jfriday@getmansweeney.com. This Consent to Sue is not valid and effective until you have received a receipt from Plaintiffs' Counsel indicating that it has been filed. If you have not received a receipt within 3 weeks from your transmission of the form to us, you must contact us by phone at (845) 255-9370.

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

Address: _____

City, State Zip: _____

Best Phone Number(s): _____

Emergency Contact: _____

Email: _____

Return this form by mail, email or fax to:

Getman, Sweeney & Dunn, PLLC
Attn.: Julia Friday
260 Fair Street
Kingston, NY 12401
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