

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF IOWA  
CEDAR RAPIDS DIVISION**

**ANTHONY CERVANTES and ADAM ST. AMOUR,  
on behalf of themselves and all others similarly  
situated,**

**Plaintiffs,**

**v.**

**CRST International, Inc., CRST Expedited, Inc.,  
and DOES 1 through 10,**

**Defendants.**

**Case No. 1:20-cv-00075-  
CJW-KEM**

**CONSENT TO SUE**

I drove for CRST and was classified as an independent contractor during the past three years. I hereby consent to sue these Defendants in this Fair Labor Standards Act minimum wage case. I understand that by signing this form, I will be represented by the Named Plaintiff and Getman, Sweeney & Dunn, PLLC, Martin & Bonnett, PLLC, and other associated attorneys (“Plaintiffs’ Counsel”) in bringing any claims I may have under the Fair Labor Standards Act (for unpaid minimum wage, attorney’s fees, costs and other relief) in this action. By signing and submitting this consent to sue, I authorize Plaintiffs’ Counsel to represent me without prepayment of costs or attorneys’ fees. I understand that: 1) if Plaintiffs are successful, costs expended by the attorneys on my behalf will be deducted from my settlement or judgment before payment to me, 2) that the law firms handling this case may petition the Court for an award of fees and costs to be paid by Defendants, 3) that the fees ultimately retained by the attorneys will be either the amount of fees received from the Defendants as approved by the Court or 1/3 of the total settlement or judgment amount (including fees), whichever is greater, 4) fees and costs will be deducted on a pro rata basis from all Plaintiffs’ and class members’ awards, and 5) if the case is not successful, I will not be obligated to pay any fees or costs to Plaintiffs’ Counsel.

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

\_\_\_\_\_  
Signature

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

To be considered for representation, send the completed form to Getman, Sweeney & Dunn, PLLC, 260 Fair Street, Kingston, NY 12401, or send it by fax to (866) 543-9619 or (845) 255-8649, or e-mail it to [arusso@getmansweeney.com](mailto:arusso@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.**

Name exactly as it appears on company pay statements (if different):

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Return this form by mail, email or fax to:

Getman, Sweeney & Dunn, PLLC

Attn.: Andrea Russo

260 Fair Street

Kingston, NY 12401

Fax: (845) 255-8749

Email: arusso@getmansweeney.com