

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

**ANTHONY CERVANTES and MIKE CROSS,  
individually and on behalf of all other similarly  
situated persons,**

**Plaintiffs,**

**v.**

**CRST International, Inc. and CRST Expedited, Inc.,**

**Defendants.**

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

**CONSENT TO SUE**

I drove for CRST in the Expedited division 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”). I authorize Plaintiffs’ Counsel to represent me without prepayment of costs or attorneys’ fees. I understand that if Plaintiffs win and recover money, Plaintiffs’ Counsel may petition the Court to award them up to 1/3 of the money they win for the Plaintiffs and the participating Drivers or a fee award to be paid directly from Defendants. The Court will decide how much they should receive. If Plaintiffs lose and recover no money from Defendants, Plaintiffs’ Counsel will not be paid and you will not owe the attorneys anything.

I designate the Named Plaintiffs in this action as my agents 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

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 [aruso@getmansweeney.com](mailto:aruso@getmansweeney.com). This Consent to Sue is not valid and effective until you have received a notification from Plaintiffs’ Counsel indicating that it has been filed. If you have not received a notification 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):

\_\_\_\_\_

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

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

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

Cell Phone 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.: Andrea Russo  
260 Fair Street  
Kingston, NY 12401  
Fax: (845) 255-8749  
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