

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN**

**ERIC R. BRANT, et al,  
Plaintiffs,**

**v.**

**SCHNEIDER NATIONAL, INC.,  
SCHNEIDER NATIONAL CARRIERS, INC.,  
SCHNEIDER FINANCE, INC., and DOE  
DEFENDANTS 1-10.  
Defendants.**

**Case No. 20-CV-1049I**

**CONSENT TO SUE**

I work or worked for Schneider National as an owner-operator. 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) the law firms handling this case may petition the Court for an award of fees and costs to be paid by Defendants; (3) 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 fax it to (866) 543-9619 or (845) 255-8649, or e-mail it to [jahmed@getmansweeney.com](mailto:jahmed@getmansweeney.com). This Consent to Sue is not valid or 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 after submitting 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)

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

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

Best Phone Number(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(name and phone number)

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

Return this form by mail, email, or fax to:

Getman, Sweeney & Dunn, PLLC  
Attn.: Jarin Ahmed  
260 Fair Street  
Kingston, NY 12401  
Fax: (845) 255-8749  
Email: jahmed@getmansweeney.com

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