

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

**KEILA SEVERINO, individually and on behalf
of all other similarly situated persons,**

Plaintiffs,

v.

AVONDALE CARE GROUP, LLC

Defendant.

Case No. 1:21-cv-10720

**CONSENT TO JOIN
COLLECTIVE ACTION**

1. I worked for the Avondale Care Group, LLC, as a live-in home health aide within the past three years and I was not paid overtime wages for all the hours I worked over 40 in a work week.
2. I understand that this lawsuit is brought under the Fair Labor Standards Act, 29 U.S.C. § 201, et seq. I hereby consent, agree, and “opt in” to this action to pursue my claims arising out my employment as a home health aide for Avondale Care Group, LLC, and any associated parties, and to be bound by any judgment by the Court or any settlement of this action. If I am compelled to arbitration, I consent to the filing of an arbitration demand on my behalf to pursue claims under the Fair Labor Standards Act and applicable claims under the New York State Labor Law.
3. I hereby designate the following law firms to represent me for all purposes in this action: Getman, Sweeney & Dunn, PLLC, 260 Fair Street, Kingston, NY 12401; and Bohrer Brady, LLC, 8712 Jefferson Highway, Suite B, Baton Rouge, Louisiana 70809.
4. I also 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.
5. 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 Defendant 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, 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 AvondaleLawsuit@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.

CONTACT FORM

Information Below Is Required but Will Not Be Filed with the Court or shared with Avondale Care Group, LLC. Please Print Clearly or Type.

Full Name: _____

Title(s): _____

Current Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Cell Number: _____

Home Phone Number (if different): _____

Email: _____

Check the best way/ways to reach you: Text ____ Email ____ Phone ____ WhatsApp ____

Emergency Contact. Who should we contact in case we can't get a hold of you; please provide a name and way to contact the person: _____

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