

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION**

**JAQUAY JACKSON and DANA RICE,
individually and on behalf of all other
similarly situated persons,**

Plaintiffs,

v.

**MISSISSIPPI BEHAVIORAL HEALTH
SERVICES, LLC,**

Defendant.

Case No.

CONSENT TO SUE

I worked for Mississippi Behavioral Health Services, LLC within the past three years, was paid based on billable hours worked, worked more than 40 hours in a workweek, and did not receive compensation at the rate of time and one-half for all hours worked over 40. 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 the action to pursue my claims arising out my employment with Mississippi Behavioral Health Services, and any associated parties or joint employers, and to be bound by any judgment by the Court or any settlement of this action. I understand that if the action is not yet filed, I consent to the filing of my consent to sue when the action is filed in federal court.

I hereby designate Getman, Sweeney & Dunn, PLLC, 260 Fair Street, Kingston, NY 12401 along with Local Counsel, Christopher Espy of Espy Law, PLLC, 320-A Edgewood Terrace Drive, Jackson, MS 39206 to represent me for all purposes in this action. 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.

I also designate the Named Plaintiffs in the 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 MBHS@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.

CONTACT FORM

Information Below Is Required but Will Not Be Filed with the Court or shared with Mississippi Behavioral Health Services. Please Print Clearly or Type.

Full Name: _____

Job Title(s) at MBHS: _____

Current Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Cell Number: _____

Additional Phone Number: _____

Email: _____

Approximate employment dates: _____

City and State of employment: _____

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

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

Return this form by mail, email or fax to:

Getman, Sweeney & Dunn, PLLC
260 Fair Street
Kingston, NY 12401
Phone: (845) 255-9370
Fax: (845) 255-8649
Email: MBHS@getmansweeney.com