

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

**Mayra Cruz, individually and on behalf of all
other persons similarly situated,**

Plaintiff,

v.

Ultimate Care, Inc.

Defendant.

Case No. 22-cv-07520

CONSENT TO SUE

1. I worked for Ultimate Care, Inc., as a home health aide within the past three years, I worked 24-hour shifts, worked during meal and sleep periods, and I was not paid overtime wages for all the hours I worked over 40 in a work week.
2. If I worked for the Defendant within the last three years, I understand that this lawsuit, and my claims, are brought under the Fair Labor Standards Act, 29 U.S.C. § 201, et seq. If I worked for the Defendant within the last six years, I understand that this lawsuit, and my claims, are also brought under the New York State Labor Laws. I hereby consent, agree, and “opt in” to this action to pursue my claims arising out of my employment as a home health aide for Ultimate Care, Inc., and to be bound by any judgment by the Court or any settlement of this action.
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 Justicia Laboral, LLC, 6232 N. Pulaski, #300, Chicago, IL 60646
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 Ultimate@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 Ultimate Care, Inc..
Please Print Clearly or Type.**

Full Name:

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

Primary Language (if other than English):

Emergency Contact (Optional): Who should we contact in case we can't get a hold of you? Please provide a name and way to contact the person:

I worked 24-hour shifts as a home health aide at Ultimate Care: Yes No

I worked during my 8-hour sleep period: Yes No

I worked during my meal breaks: Yes No

Please enter approximate dates of employment at Ultimate Care here. If you do not know your dates of employment but know the year(s) please enter the year(s). If you do not remember, you can write "I don't know."

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