## NOTICE TO (JOB TITLE)

<del>- ,</del>		
If you worked as a	for	<del>-</del>
(at any time during the period of		_ to the present).
YOU ARE ENTITLED T	O JOIN A I	LAWSUIT

A lawsuit has been brought in federal court in Houston/Galveston, Texas by certain (name of company/putative class member description) ("Plaintiffs") for unpaid wages in accordance with the Fair Labor Standards Act (29 U.S.C. § 216(b)). If you worked for (name of company) ("\_\_\_\_\_\_\_") as a (Plaintiff's job title) at any time during the period of \_\_\_\_\_ to the present, you are eligible to participate in a lawsuit for unpaid overtime pay. If you desire to participate, you must sign and return the enclosed forms. If you do not want to make a claim in this matter, simply do nothing.

#### Why is this notice being sent?

The Honorable \_\_\_\_\_\_\_ of the United States District Court for the Southern District of Texas has ruled that all current and former (putative class member description), including you, who worked for (name of company) in (place) at any time during the period of (date) to the present should be given an opportunity to join this lawsuit seeking unpaid overtime pay. At this time, the Court has not determined whether or not the Plaintiffs are

#### What is this case about?

owed overtime pay.

The Plaintiffs in this case contend that

# What is (Name of company)'s position?

(Name of company) contends that \_\_\_\_\_

#### What happens if I join?

If the Court finds that you should have been and were not paid overtime wages, the Court may award you money damages. While this lawsuit is proceeding, you may be required to assist the lawyers representing Plaintiffs, answer written questions, testify under oath, and/or participate at trial.

If you decide to join this lawsuit, you may choose your own counsel or be represented by (Plaintiffs' counsel), the law firm currently representing Plaintiffs. You will <u>not</u> have to pay money out of pocket, win or lose, to (Plaintiffs' counsel). Rather, (Plaintiffs' counsel) will be paid an amount awarded by the Court out of any recovery obtained through trial or settlement.

If you are a current or former employee of (name of company), you should be aware that federal law prohibits (name of company) from discharging you or taking any other negative action against you because you elect to join this lawsuit.

#### What if I do not join?

You will not be part of this case. If the Plaintiffs win or settle, you will not get any benefit. If the Plaintiffs lose, you will not be affected.

How quickly must I act to join? The deadline to join the lawsuit is (date of

<u>deadline</u>). However, if you decide to join, do not wait until the deadline to send in your forms. Time is of the essence because you can only recover, at most, up to three years of overtime pay from the date you join the case.

### How do I join?

If you would like to be represented by (Plaintiff's Counsel), you must complete the enclosed forms (the information sheet and the consent form) and return them by mail, fax, email, or text. You will receive a confirmation once your forms are received and processed. Do not contact the Court about this matter. The attorneys you retain will answer your questions.

Attorney
LAW FIRM
Street Address
City, State Zip Code
[telephone]
[fax]
[email]
[text]
For more information, call toll free:

## **NOTICE OF CONSENT**

a plaintiff in NoCV; seeking unpaid wages and other relief by (name of firm) and any other attorned for all purposes in this action. I designake decisions on my behalf conce conducting the case. I understand that by the judgment of the court on all issi	ly working for (name of company). I consent to be v. (S.D. Tex.), that may be appropriate. I choose to be represented beys with whom they may associate, to represent me gnate and authorize (name of firm) as my agent to erning the case and the method and manner of by signing this Notice of Consent, I will be bound ues. I will also be bound by and will share in, as the at may be negotiated on behalf of the plaintiffs.	
Print Name Signa	ature Date	
Please print or type the following inf	formation which will be kept confidential:	
Address	City/State/Zip	
Home Telephone Number	Cell Phone Number	
E-Mail Address	Estimated Dates of Employment	
Position(s) Held with [Insert employer]	Location(s) worked for [Insert Employer]	
RETURN THIS FORM I	BY MAIL, E-MAIL, FAX OR TEXT TO:	
	Attorney AW FIRM	

Street Address City, State Zip Code

\_\_\_\_\_[fax]
\_\_\_\_\_[email]
\_\_\_\_\_[text]