

Consent To Join Form

I work or worked for Startek USA, Inc. (referred to as "Startek") on or after June 8, 2019 as an hourly Customer Service Representative and worked uncompensated overtime.

1. I choose to participate in the Lawsuit titled *Harris et al v. Startek USA, Inc.*, Case No. Case No. 1:22-cv-00437-RM-JPO (pending in the United States District Court for the District of Colorado) to recover unpaid overtime pay under the federal Fair Labor Standards Act ("FLSA"), 29 U.S.C. § 216(b), and other relief under state and federal law.
2. I understand that this Lawsuit is brought under the Fair Labor Standards Act, and I consent to be bound by the Court's decision.
3. PLEASE SELECT ONLY ONE OF THE FOLLOWING THREE CHOICES:

_____ I CHOOSE the law firm of, and attorneys at, SOMMERS SCHWARTZ, P.C. ("Plaintiffs' Counsel") as my attorneys to prosecute my wage claims in this Lawsuit. I consent to having the Named Plaintiffs and Plaintiff's Counsel make all decisions regarding the litigation, the method and manner of conducting this litigation, the terms of any potential settlement of this litigation, releasing of claims, and all other matters pertaining to the Lawsuit. I understand that reasonable costs expended by Plaintiffs' Counsel on my behalf will be deducted from any settlement or judgment amount on a pro-rata basis among all other plaintiffs. I understand that Plaintiffs' Counsel will petition the Court to award them attorneys' fees from any settlement or judgment.

_____ I CHOOSE to be represented by attorney _____ of _____ (Name of Law Firm), whose address is _____, _____ and whose telephone number is _____. I understand that I will be responsible for all costs and attorney's fees incurred in or resulting from pursuing my claim.

_____ I CHOOSE to represent myself. I understand that I will be responsible for all costs and attorney's fees which may result from pursuing my claim.

4. I also consent to join any separate or subsequent action to assert my claims against Startek and/or any related entities or persons potentially liable.

(Please print legibly)

Print Name: _____

Signature: _____

Date: _____

Claimant ID: _____

To be valid, please return via email, fax, or mailed and postmarked by **July 2, 2024**

Further Information Regarding Consent to Join Form

Print Name: _____

Print Address: _____

City, State, and ZIP: _____

Telephone Number(s):

Home: _____

Work: _____

Cell: _____

E-mail Address: _____

*To be valid, please return via email, facsimile, or mailed and postmarked by **July 2, 2024** to:*

Harris v. Startek USA, Inc.
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164
Email: StartekOvertimePayLawsuit@AtticusAdmin.com
Fax: 1-888-326-6411