

CONSENT TO JOIN FORM

Court-imposed deadline for filing this consent form is **NOVEMBER 10, 2023.**

Print Name: _____

1. I consent and agree to participate as a party plaintiff in the lawsuit filed by Daniel Hernandez against KBR Services, LLC, Bolton Holdings, LLC d/b/a Industrial Tent Systems LLC, Bolton Holdings LLC d/b/a Lodging Solutions, LLC, Industrial Tent Systems LLC, Industrial Tent Systems Holdings, LLC, Lodging Solutions, LLC, 2 M Lodging Solutions, LLC, and Star Payment, Systems, Inc. (collectively “Defendants”), styled *Hernandez, et al. v. KBR Services, LLC, et al.*, No. 3:22-cv-00530 (E.D.VA.) (“the Lawsuit”), to pursue my claims of unpaid overtime wages under the Fair Labor Standards Act (“FLSA”) during the time between August 2021 and February 2022 that I was employed by Defendants at Fort Pickett, in Blackstone, Virginia, as a non-exempt institutional food service worker, whose duties included, but were not limited to, cooking, food preparation, dishwashing, cleaning, serving, and any other related food service tasks.
2. I believe that I was not correctly paid overtime by Defendants for all time in excess of 40 hours per week that I worked as a non-exempt institutional food service worker at Fort Pickett.
3. I understand that the Lawsuit is brought under the FLSA, and I consent to be bound by the Court’s decision.
4. I designate the attorneys at the law firms of VIRGINIA & AMBINDER, LLP and BUTLER CURWOOD, PLC as my attorneys to prosecute my wage claims in the Lawsuit.
5. I consent to having the Representative Plaintiff in the complaint against Defendants 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, entering into an agreement with Plaintiffs’ Counsel regarding attorneys’ fees and costs, and all other matters pertaining to this lawsuit.
6. If needed, I authorize the attorneys at the law firms of VIRGINIA & AMBINDER, LLP and BUTLER CURWOOD, PLC to use this consent to re-file my claim in a separate lawsuit or arbitration against Defendants.

Signature: _____

Date: _____

Please print or type the following information which will be kept confidential:

Address

City/State/Zip

Home Telephone Number

Cell Phone Number

E-mail Address

Estimated Dates of Employment

RETURN THIS FORM BY MAIL, E-MAIL OR FAX TO:

Fort Pickett Food Service Lawsuit Administrator
c/o Arden Claims Service LLC
PO Box 1015
Port Washington, NY 11050
Tel: 516-559-5854 | Fax: 516-604-0835
Email: FortPickettServiceLawsuit.info@ardenclaims.com