
**PATHWAY HEALTH SERVICES, INC.
PLAINTIFF CONSENT FORM**

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against my former/current employer, Pathway Health Services, Inc. (“Pathway”), and any other related persons, entities, subsidiaries, or affiliates, to recover overtime pay.
2. During the past three years, there were times when I worked over 40 hours per week for Pathway as a Nurse Consultant, Consultant, or in a similar job title, and did not receive proper compensation for my overtime hours worked.
3. If this case does not proceed collectively, then I also consent to join any subsequent action or matter to assert these claims against Pathway and any other related persons, entities, subsidiaries, or affiliate
4. I understand that I may withdraw my consent to proceed with my claims at any time by notifying the attorneys handling this matter.

Date: _____

Signature

Print Name

Information Below Will Be Redacted in Filings with the Court. Please Print or Type.

Address: _____

City, State Zip: _____

Best Phone Number(s): _____

Email: _____

**Return this form by
fax, email or mail to:**

Nichols Kaster, PLLP, Attn: Rachhana T. Srey

Fax: (612) 215-6870

Email: forms@nka.com

Address: 4600 IDS Center, 80 S. 8th Street, Minneapolis, MN 55402

Web: www.nka.com