CONSENT FORM PRIME COMMUNICATIONS

1. I consent to bring an overtime claim against Defendant(s), Prime Communications, and/or related entities and individuals for violations of the Fair Labor Standards Act, pursuant to 29 U.S.C. § 216(b).

2. I designate the Shavitz Law Group, P.A. and Nichols Kaster, PLLP to represent me in bringing such claim, and to make decisions on my behalf concerning the matter and settlement. I agree to be bound by any decision on my claim by an arbitrator and/or court, whether favorable or unfavorable.

Signature

Print Name

Information below will be redacted and used only for Plaintiffs' Counsel to communicate with you regarding the matter. Please print or type.

Address:			
-			

City, State, Zip: _____

Best Phone Number(s):

Email: _____

Approximate dates of employment:

City and State of employment:

Sign up electronically at bit.ly/ PrimeConsentForm	Or return Consent Form by fax, email, or mail to:
or scan below with phone camera:	Nichols Kaster, PLLP Attn: Michele R. Fisher Email: consents@nka.com
	Fax: (612) 215-6870 Address: 4700 IDS Center, 80 South 8th Street Minneapolis, MN 55402

LEGAL SERVICES AGREEMENT

1. I ("Client") authorize Shavitz Law Group, P.A. and Nichols Kaster, PLLP ("Attorneys") to represent me in the investigation and possible prosecution of my wage and hour claims ("Claims") against **Prime Communications**, and any other related entities, affiliates, or joint employers (collectively, "Defendant"). Client understands that Attorneys do not represent Client on other claims that Client may have or on any claim in bankruptcy, collections, or on appeal, unless separately agreed.

2. Client agrees that Attorneys may conduct settlement negotiations that include Client's Claims and an amount for attorneys' fees and costs in a manner that represents the best interests of a class of clients, and Client agrees that Attorneys may make aggregate settlement demands that include Client's Claims. Client understands that a conflict of interest may result when multiple clients are represented by the same attorneys and expressly consents to such representation despite the possibility of such a conflict. Client understands and agrees that it is in Client's best interest that Attorneys be able to communicate with or advertise for potential witnesses and opt-ins who may support or affect Client's Claims.

3. Client understands that Attorneys have taken this case on a contingency basis. Client agrees that Attorneys may deduct from any recovery obtained for Client an amount equal to the greater of: (a) 33 and 1/3 percent of the gross proceeds of recovery for attorneys' fees, plus the costs incurred; or (b) the full amount of any attorneys' fee either: designated in the settlement, calculated by lodestar (hourly rate times hours spent), or otherwise awarded by the decision maker in this matter, plus expenses and costs incurred.

4. If Client does not recover money on Client's Claims, Client does not owe Attorneys any money. Client will not waive in whole or in part Attorneys' right to recover attorneys' fees and/or costs as a condition of settlement.

5. Attorneys shall have the right to co-counsel with other attorneys or law firms at no additional expense to Client.

Date:	

Client Signature

Client Name

Date: _____

Shavitz Law Group, P.A.

Date: _____

Nichols Kaster, PLLP