
**CULTURAL CARE, 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 Cultural Care, Inc. (“Defendant”) and any other related entities or affiliates, to recover overtime and/or minimum wage pay.

2. Since July 18, 2019, there were times when I worked over 40 hours per week for Defendant as an au pair and did not receive proper compensation for the overtime hours I worked.

3. If this case does not proceed collectively, then I also consent to join any subsequent action to assert these claims against Defendant, and any other related entities or affiliates.

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: Clara Coleman
Fax: (612) 215-6870
Email: ccforms@nka.com
Address: 4700 IDS Center, 80 S. 8th Street
Minneapolis, MN 55402
Web: www.nka.com**