

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

ALMUIZ ALTIEP and TAFSIR	§	
SHAWKAT, individually and on behalf	§	FLSA Collective Action Pursuant to
of all others similarly situated,	§	29 U.S.C. § 216(b)
	§	
Plaintiffs,	§	
	§	
v.	§	NO. 3:14-CV-00642-K
	§	
FOOD SAFETY NET SERVICES, LTD,	§	
	§	
Defendant.	§	

**CONSENT TO JOIN OVERTIME LAWSUIT AGAINST FOOD SAFETY NET SERVICES, LTD.**

I consent to become a party plaintiff and join a lawsuit against Food Safety Net Services, seeking damages for unpaid wages under the Fair Labor Standards Act.

I (1) authorize the named Plaintiffs (Almuiz Altiep and Tafsir Shawkat, and other persons those individuals designate as necessary) and their attorneys to prosecute the above-referenced matter in my name and on my behalf; and (2) designate the named Plaintiffs to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims in a settlement, the entering of an agreement with Plaintiffs' counsel regarding payment of attorneys' fees and court costs, and all other matters pertaining to this lawsuit, and understand that I will be bound by such decisions.

I agree to be represented by Chris R Miltenberger of the Law Office of Chris R. Miltenberger, PLLC counsel for the named Plaintiffs.

I authorize Plaintiffs' counsel to reuse this Consent Form to re-file my claims in a separate or related action against Defendant if: (1) the collective action is decertified; and/or (2) in the opinion of Plaintiffs' counsel it is advisable to do so.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:**

**This information will NOT be made part of any public record and is necessary for your attorney's files for litigation and possible settlement purposes.**

Name: \_\_\_\_\_

Location at which you worked (City, State): \_\_\_\_\_

Any other Name(s) used or known by: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Social Security No. (or last 4 digits): \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_

Ending Date of Employment: \_\_\_\_\_

Salary (appx): \_\_\_\_\_

Return this form to: Law Office of Chris R. Miltenberger, PLLC  
1340 N. White Chapel, Suite 100  
Southlake, Texas 76092  
Facsimile: (817) 416-5062  
Phone: (817) 516-5060  
Email: [chris@crmlawpractice.com](mailto:chris@crmlawpractice.com)