

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF TENNESSEE  
NASHVILLE DIVISION

BARRY REAVES, individually, and on behalf  
of others similarly situated,

Plaintiff,

vs.

JOSTEN'S, INC.,

Defendant.

Case No. 3:21-cv-00048

**CONSENT TO JOIN**

1. I consent to the filing of this form in, and to join and become a plaintiff in the above-captioned collective action lawsuit, to pursue my claim for unpaid overtime wages against Josten's Inc. while working as an hourly-paid factory worker, at any time within the last three years.

2. I understand that this lawsuit seeks unpaid overtime wages, liquidated damages, and attorneys' fees and costs under the FLSA. I consent to be bound by the Court's orders and decisions in this case.

3. I designate the law firms and attorneys at Brown, LLC and Greg Coleman Law PC as my attorneys to represent me in this lawsuit.

4. I consent to having the Named Plaintiff Barry Reaves to pursue this lawsuit in my name, and on my behalf, and I designate the Named Plaintiff to make decisions on my behalf concerning the litigation, including decisions regarding settlement or trial, negotiating a resolution of my claims and entering into an agreement regarding attorneys' fees and costs, and I understand and agree to be bound by such decisions.

5. In the event my claims are dismissed or withdrawn from the above-captioned lawsuit without prejudice, I authorize Plaintiffs' counsel Brown, LLC to use this consent form to re-file my claims in a separate or related action against Josten's Inc.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

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

**ADDITIONAL INFORMATION**  
*(Privileged and Confidential)*

Please enter the following information unless you have already provided it to our firm.

**This information will not be filed with the Court:**

**Address:** \_\_\_\_\_ **Tel. Number:** \_\_\_\_\_  
*Street*

\_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
*City, State, Zip Code*

*(Please provide any future updates to your contact information while the case is pending)*

**Dates Employed by  
Defendant:**

\_\_\_\_\_ *Starting month/year*                      \_\_\_\_\_ *Ending month/year*

**Position(s)  
Held:**

**Work Location(s):**

\_\_\_\_\_ *If you held multiple positions,  
please include dates for each*                      \_\_\_\_\_ *City/State*

**RETURN COMPLETED CONSENT-TO-JOIN FORM TO:**

Brown, LLC  
111 Town Square Place, Suite 400  
Jersey City, NJ 07310  
(877) 561-0000 (office); (855) 582-5297 (fax)  
[flsagroup@jtblawgroup.com](mailto:flsagroup@jtblawgroup.com)

*You may return your form by mail, fax, e-mail, or electronic signature.*