Class Action Opt-In Consent Form

Case Name: [Insert Case Name]

Case Number: [Insert Case Number]

Court: [Insert Court Name]

Contact Information:

Full Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Consent and Authorization:

1. I hereby consent, agree, and opt-in to become a party plaintiff in the above-captioned lawsuit.

2. I authorize the named Plaintiff(s) and the law firm of [Insert Law Firm Name] to represent me in this action and to make decisions on my behalf concerning the litigation, including any settlement negotiations or trial proceedings.

3. I understand that by joining this lawsuit, I agree to be bound by the court's adjudication, whether favorable or unfavorable.

4. I certify that I was [employed by/affected by/purchased from] [Insert Defendant Name] during the period of [Insert Start Date] to [Insert End Date] and am eligible to participate in this class action.

Signature:

_____
Signature

_____
Date

Please return this completed form to:

[Insert Law Firm/Administrator Name]
[Insert Address]
[Insert Email Address]
[Insert Fax Number]