



**JOEL DILLARD, PA**

REPRESENTING MISSISSIPPI WORKERS

joel@joeldillard.com

601-487-7369

775 N. Congress St,  
Jackson, MS 39202

**CONSENT**

I hereby consent to be a plaintiff in an action under the Fair Labor Standards Act, 29 U.S.C. § 201 *et seq.* to secure unpaid minimum wages and overtime pay, liquidated damages, attorneys' fees, costs and other relief arising out of my employment with Hinds County School District and any other associated parties. I authorize Joel F. Dillard, PA, and any associated attorneys as well as any successors or assigns, to represent me with my claims either individually or by joining my claims with others similarly situated. By signing this consent, I understand that, if accepted for representation, I will be represented by the above attorneys without prepayment of attorneys' fees. I understand that if Plaintiffs are successful, costs and attorney fees will be deducted from my settlement or judgment amount on a pro rata basis with all other plaintiffs. I understand that the attorneys may petition the court for an award of fees and costs to be paid by defendants. I understand that the fees retained by the attorneys will be either the amount received from the defendant or 1/3 of my gross settlement or judgment amount, whichever is greater. To be considered for representation, mail or deliver the completed form to Joel F. Dillard, PA, 775 N. Congress St., Jackson, MS 39202, or send by email ([sharon@joeldillard.com](mailto:sharon@joeldillard.com)). This Consent is not in effect until you have received a copy from Joel F. Dillard, PA, showing that it has been accepted and filed. If three weeks pass without a receipt, you **MUST CALL** 601-509-1372 to inquire.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Other contact info: \_\_\_\_\_