

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

APRIL WHITE and BRUCE BOGACH,
individually, and on behalf of all others similarly
situated,

Plaintiffs,

v.

PUBLIX SUPER MARKETS, INC.,

Defendant.

Civil Action No.

JURY DEMAND

CONSENT TO JOIN PUBLIX HOURLY OVERTIME LAWSUIT

I consent to join this lawsuit for unpaid overtime against Publix Super Markets, Inc. (“Publix”) under the Fair Labor Standards Act (“FLSA”).

I hereby designate the Representative Plaintiff(s) as my agent(s) to make decisions on my behalf concerning this FLSA overtime case for hourly-paid associates against Publix, including conducting this litigation, settlement negotiations, and all other matters pertaining to these claims against Publix. I understand that if I file this consent, I will be bound by the decisions made and agreements entered into by the Representative Plaintiff(s) and Class Counsel.

I understand that the Representative Plaintiffs have entered into a contingency fee agreement with the law firms of Hardin & Hughes, LLP, Fried & Bonder, LLC, and Cohen Milstein Sellers & Toll PLLC (“Class Counsel”), which applies to all plaintiffs who file this consent, and by filing this consent I agree to be bound by such contingency fee agreement. I understand that I may obtain a copy of the contingency fee agreement by requesting it from Class Counsel.

I acknowledge that I will be bound by any judgment or any settlement reached between the Representative Plaintiff(s) and Publix. I understand that I will be entitled to share in any class recovery, but if no monetary judgment or settlement is obtained, I will receive nothing.

I agree that this consent may be filed in any overtime case against Publix, whether in this case or a subsequent suit in any court or forum that may be filed on my behalf.

Signature: _____

Date: _____

Printed Name: _____

Address: _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

This information will not be made part of any public record and is for your attorney's eyes only, as necessary for your attorney's files for litigation and possible settlement purposes.

Full Name: _____

Job Title(s) as Hourly Associate at Publix During Last 3 Years, and Start and End Dates of Each:

Any other Name(s) used or known by: _____

Street Address: _____

Mailing Address: _____

City, State & Zip Code: _____

Daytime Telephone: _____

Evening Telephone: _____

Cellular Telephone: _____

Personal E-Mail Address: _____

Return this form with your signed Consent by fax, email, or mail to:

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-or-

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