

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
CA No.: 3:21-CV-00112-FDW-DSC

CHRISTOPHER HOLLIS, HERMAN )  
PURVIS, and VERAKA STURDIVANT, on )  
behalf of themselves and all others similarly )  
situated, )  
 )  
 *Plaintiffs,* )  
 )  
 v. )  
 )  
 VALLEY PROTEINS, INC., )  
 )  
 *Defendant.* )

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**CONSENT TO JOIN SUIT AS PARTY PLAINTIFF**

I, \_\_\_\_\_, state the following:

1. I am over 18 years of age and competent to give the following consent in this matter.
2. I have been employed full-time by Valley Proteins, Inc., located in \_\_\_\_\_ (City, State) during the last three years. I have been employed as a Driver and I believe I have not been paid for all compensable time which I have worked, particularly for all hours over forty (40) per week.
3. I hereby consent and agree to become a party Plaintiff in this action against Valley Proteins, Inc. and all other related individuals or entities, under the Fair Labor Standards Act and the North Carolina Wage and Hour Act (NCWHA) for failure to pay all required straight and overtime compensation and agree to be bound by the final outcome of this lawsuit, including any applicable judgment or settlement.
4. By joining this lawsuit, I designate the Plaintiffs named in the Complaint, and listed in the caption at the top of this page, as my representatives to the fullest extent possible under applicable laws, to make decisions on my behalf concerning the litigation, the method and manner of conducting and resolving the litigation, and all other matters pertaining to this lawsuit.
5. I choose to be represented by Plaintiffs' counsel The Law Offices of Gilda A. Hernandez, PLLC and other lawyers they may choose to associate with.
6. I authorize my attorneys to take any steps necessary to pursue my claims, including filing and pursuing this lawsuit.

I swear or affirm that the foregoing statements are true to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Client Information Sheet**

*For Attorney Only – Not to be filed with the Court*

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

Address (Street, City/Town, State, Zip Code):

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

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

Dates of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_