

**OPT-IN CONSENT FORM**

***Amy Hamm v. Acadia Healthcare Co., et al.***  
**United States District Court, Eastern District of Louisiana**

**Complete And Submit To:**

Carolyn Hunt Cottrell, Esq.  
SCHNEIDER WALLACE  
COTTRELL KONECKY LLP  
2000 Powell Street, Suite 1400  
Emeryville, California 94608

Name:	Date of Birth:
Address:	Phone No. 1: Phone No. 2: E-mail Address:

**CONSENT TO JOIN COLLECTIVE ACTION**

**Pursuant to the Fair Labor Standards Act, 29 U.S.C. §§ 201, *et seq.***

1. I consent and agree to pursue my claims relating to and arising from Defendants Acadia LaPlace Holdings, LLC and Ochsner-Acadia LLC's alleged violations of the Fair Labor Standards Act, 29 U.S.C. §§ 201, *et seq.* in connection with the above-referenced litigation.
2. I have worked as a \_\_\_\_\_ for Defendants in \_\_\_\_\_ from approximately on or about \_\_\_\_\_ to approximately on or about \_\_\_\_\_.
3. I understand that this litigation has been filed as a proposed collective action under the Fair Labor Standards Act of 1938, as amended, 29 U.S.C. §§ 201, *et seq.* I hereby consent, agree, choose and opt-in to become a Plaintiff herein and be bound by any judgment of the Court or any settlement of this action.
4. I specifically authorize my attorneys, Schneider Wallace Cottrell Konecky to prosecute this lawsuit on my behalf and to negotiate a settlement of any and all claims I have against Defendants in this litigation.

_____ (Date Signed)	_____ (Signature)
------------------------	----------------------

**\*\*IMPORTANT NOTE\*\***

**Statute of Limitations concerns mandate that you return this form as soon as possible to preserve your rights.**