

RETAINER AGREEMENT

1. I have been an employee of the United States Government. I retain the law firms of Bernstein & Lipsett, P.C. and James & Hoffman, P.C. ("the Firm"), to represent me as a plaintiff in a lawsuit brought on my behalf and on behalf of other persons against the United States asserting my rights under the Fair Labor Standards Act ("FLSA") and Title 5 of the United States Code. My claims include but are not limited to the failure of the United States to pay me overtime compensation because I have been treated incorrectly as exempt from FLSA coverage or otherwise not paid in accordance with law. Any of the plaintiffs in the lawsuit, jointly or severally, may serve as my representative.

2. I authorize the Firm to represent me concerning my claims, including seeking back wages, liquidated damages, interest, attorneys' fees and costs. The Firm may file my consent in court and take all necessary actions including the settlement and collection of any and all of my claims. I understand that the Firm may consult and associate with other lawyers and with various experts in the field who may assist the Firm in this matter. I therefore authorize the Firm to consult and associate with such persons and to divulge to them such privileged information as will enable them to assist the Firm in representing me. Such persons will maintain the confidence of all such information they receive.

3. The Firm agrees that it will pay out-of-pocket expenses and costs, including costs and expenses for filing fees, copying, long distance calls, traveling, depositions, transcripts, etc., incurred in relation to the lawsuit.

4. I agree that I will provide the Firm all information available to me for the purpose of litigating my claims. Further, the Firm will respond to my inquiries about the litigation in a timely manner and otherwise communicate all necessary details regarding the litigation as it proceeds.

5. In consideration of the Firm's services, I agree that it shall receive 25% (twenty-five percent) of my gross recovery including back pay, liquidated damages and interest, if any, as a legal fee in addition to whatever statutory fees and costs it may be able to recover. I further agree, authorize and direct that any monies paid by the United States in connection with my claims shall be paid to the Firm as trustee on my behalf. After attorneys' fees are deducted therefrom the balance shall be forwarded to me by the Firm. If the complaint and/or claims brought on my behalf result in no recovery, I will have no obligation to pay attorney's fees or costs.

6. This representation shall continue until terminated by either party in accordance with the ethical requirements of the Bar of the District of Columbia.

7. I understand that completing this form and submitting it to the Firm does not mean that the Firm agrees to represent me. I also understand that representation will begin upon my receipt of a copy of this Retainer Agreement signed by a representative of the Firm.

8. I understand that under Section 15(a)(3) of FLSA I cannot be discharged, disciplined, or otherwise penalized by my employer because of my having filed a FLSA lawsuit and/or claim.

AGREED:                      DATE: \_\_\_\_\_

AGREED:                      DATE: \_\_\_\_\_

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

\_\_\_\_\_  
Jules Bernstein/Linda Lipsett

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

Bernstein & Lipsett, P.C.  
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Washington, D.C. 20036  
(202) 296-1798

Soc. Sec. No. \_\_\_\_\_

Home Tel. No. (    ) \_\_\_\_\_

Work Tel. No. (    ) \_\_\_\_\_

Cell Tel. No. (    ) \_\_\_\_\_

James & Hoffman, P.C.  
1130 Connecticut Avenue, N.W., Suite 950  
Washington, D.C. 20036  
(202) 496-0500

Home E-mail Address: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_  
City                              State                              Zip Code

Indicate below the agency by which you were employed during the following years, and the grade, step, the month your grade changed and your job title and occupational code. If retired, indicate retirement date.

<u>YEAR</u>	<u>Agency</u>	<u>Grade Step</u>	<u>Month Job Title &amp; OCC Code</u>	<u>Division/Branch/Section</u>
2016				
2017				
2018				
2019				

EMPLOYEE CONSENT TO BE A CLAIMANT IN LITIGATION UNDER THE FAIR LABOR STANDARDS ACT ("FLSA")  
PLEASE TYPE OR PRINT CLEARLY

I, \_\_\_\_\_, hereby consent to be a party in litigation under the Fair Labor Standards Act.

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

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

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code