

---

**PLAINTIFF CONSENT FORM**

---

I hereby consent to make a claim against Captel, Inc. for unpaid wages. During the past three years, there were weeks that I worked as a Captioning Assistant for Captel, Inc. during which I performed work for which I believe I was not compensated.

\_\_\_\_\_  
Signature and Date

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Emergency Contact (and phone number)

**PLEASE SIGN AND RETURN TO:  
HAWKS QUINDEL, SC  
222 WEST WASHINGTON AVENUE, SUITE 450  
MADISON, WISCONSIN  
53703**

**OR EMAIL/FAX TO:  
[DZOELLER@HQ-LAW.COM](mailto:DZOELLER@HQ-LAW.COM)  
FAX: (608) 256-0236**

**QUESTIONS? CALL (608) 257-0040**