

COURT'S INTERROGATORIES TO PLAINTIFF

1. During what period of time were you employed by the Defendant?
2. Who was your immediate supervisor?
3. Did you have a regularly scheduled work period? If so, specify.
4. What was your title or position? Briefly describe your job duties.
5. What was your regular rate of pay?
6. What is the nature of your claim (check all that apply)?

____ Off the clock work (Defendant failed to record, or prohibited you from recording, all of your working time;

____ Misclassification (Defendant mistakenly classified you as exempt from overtime);

____ Miscalculation (Defendant failed to correctly calculate your compensation);

____ Other (Please describe):

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7. Provide an accounting of your claim, including:
- (a) dates
 - (b) regular hours worked
 - (c) over-time hours worked
 - (d) pay received versus pay claimed
 - (e) total amount claimed
8. If you have brought this case as a collective action:
- (a) Describe the class of employees you seek to include in this action.
 - (b) Has an opt-in notice been filed for every potential opt-in Plaintiff who has identified himself or herself as a person who wishes to join this action?
9. Please specify all attorney's fees and costs incurred to date. With respect to attorney's fees, please provide the hourly rate(s) sought and the number of hours expended by each person who has billed time to this case.
10. When did you (or your attorney) first complain to your employer about alleged violations of the FLSA?
11. Was this complaint written or oral? (If a written complaint, please attach a copy).

12. What was your employer's response? (If a written response, please attach a copy).

Name of Plaintiff

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, by _____, who being first duly sworn, deposes and says that he/she has read the foregoing Answers to Interrogatories, knows the contents of same, and to the best of his/her knowledge and belief, the same are true and correct.

SWORN TO AND SUBSCRIBED before me by means of ___ physical presence or ___ online notarization, on this _____ day of _____, 2024.

NOTARY PUBLIC

Notary Stamp

Signature of Person Taking Acknowledgment
Print Name:
Title: Notary Public
Serial No. (if any):
Commission Expires: