



**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:**

**This information will not be made part of any public record and is necessary for your attorney's files for litigation and possible settlement purposes.**

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

Any other Name(s) used or known by:

\_\_\_\_\_

Branch(es) You Worked in (address/city/state):

\_\_\_\_\_

Dates of Employment with Compass Bank: Beg: \_\_\_\_\_

End: \_\_\_\_\_

Estimated Monthly Compensation: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Social Security No. (last 4 digits ok): \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

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

Return this form to: Overtime Lawsuit Against Compass Bank.  
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Dallas, Texas 75202  
Facsimile: 214-749-1010  
Phone: 214-749-1400  
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