

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Ronald Williams (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
- Date: 6/20/2025 Signature: Ronald Williams

### Information below this line will not be filed with the Court:

Start and end dates of employment: 1/18/1998 to 5/31/2019  
Address: 6090 SE 80th CT  
City: OCULA  
State and Zip: FL 34472  
Phone: 609-332-3591  
Alternative Phone: \_\_\_\_\_  
Email: rewilliams3131@yahoo.com  
Work Locations: Fort Dix NJ / Coleman FL / Alibeuville AL  
Supervisor: not Available

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Reginald Adams (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.

• Date: 6/20/25 Signature: [Signature]

### Information below this line will not be filed with the Court:

Start and end dates of employment: 10/98 to Present

Address: 2129 Applecross Way

City: Conyer

State and Zip: GA 30012

Phone: 770 743 5172


Alternative  
Phone: \_\_\_\_\_

Email: reggieadams1989@gmail.com

Work Locations: FCI Atlanta

Supervisor: Mrs. Headtrice

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Fetty Mann (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
  - I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
  - I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
  - I agree to be represented by Counsel for the named Plaintiff.
  - If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
- Date: 6/24/2025 Signature: 

### Information below this line will not be filed with the Court:

Start and end dates of employment: 05/15/2005 to PRESENT

Address: 11872 Hillary Way

City: Victorville

State and Zip: Ca. 92392

Phone: 760-373-0933

Alternative Phone: 760-373-6976

Email: Fmannu@dop.gov

Work Locations: FCC Victorville

Supervisor: Lt. Jarvis