

CONSENT TO JOIN COLLECTIVE ACTION

- I, Johnny Kinchen (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: 6-27-2025 Signature: Johnny Kinchen

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

Start and end dates of employment: 06-13-1993 to 12-20-2019

Address: 100 Fears Drive

City: Hampton

State and Zip: GA, 30228

Phone: (404) 259-2405

Alternative Phone: _____

Email: johnnykinchen@yahoo.com

Work Locations: Securemental health unit, Bus operations, Perimeter patrol

Supervisor: Lt Hardin

CONSENT TO JOIN COLLECTIVE ACTION

- I, Charmaine Nash (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: 6/23/25 Signature: Charmaine Nash

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

Start and end dates of employment: 3/25/01 to 11/30/24

Address: P.O. Box 6085

City: Dickinson TX 77539

State and Zip: Texas 77539

Phone: 281 229 8958 (private)

Alternative
Phone: _____

Email: _____

Work Locations: Retired Associate Worker

Supervisor: WXR Deputy Director N. McKinney

CONSENT TO JOIN COLLECTIVE ACTION

- I, Mishiko M. Taylor (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: 06-23-2025 Signature: Mishiko M. Taylor

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

Start and end dates of employment: 08-14-2011 to Present

Address: 624 Terrace Drive

City: Bennettsville, SC

State and Zip: SC 29512

Phone: 843-439-7490

Alternative Phone: 843-387-9400 ext 9653 | 843-387-9653
 Email: mishiko.taylor@att.net
mishikotaylor@att.net

Work Locations: 08-14-2011 | 10-10-2021 | FCI Bennettsville, FCI Williamsburg
10-10-2021 / Present

Supervisor: Latasha McClary, SOE
 :
 :

CONSENT TO JOIN COLLECTIVE ACTION

- I, BRIAN BONETTO (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: 6-23-25 Signature: Brian Bonetto

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

Start and end dates of employment: 2-27-00 to PRESNT

Address: 2914 W. RAPALO RD

City: PHOENIX

State and Zip: AZ 85086

Phone: 623-512-9426

Alternative Phone: _____

Email: VENISONB @ COX. NET

Work Locations: FCI PHOENIX

Supervisor: ROBERT SHANKS

CONSENT TO JOIN COLLECTIVE ACTION

- I, Deborah Thomas (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: June 23, 2025 Signature: Deborah Thomas

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

Start and end dates of employment: 14 May 2014 to 1 June 2024

Address: 12419 N. Cherry Hill Dr W

City: Sun City

State and Zip: AZ 85351

Phone: (601) 329-1234

Alternative
Phone: _____

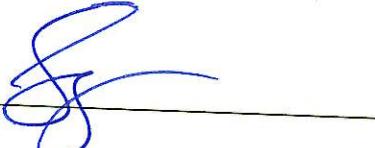
Email: focushappy47@gmail.com

Work Locations: FCI Phoenix, AZ

Supervisor: LT Pribyl

CONSENT TO JOIN COLLECTIVE ACTION

- I, STEVEN C. KAREE (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: 6-23-2025 Signature: 

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

Start and end dates of employment: August 2001 to Dec 30, 2022

Address: 8472 Salem Union Rd

City: Salem OH 44460

State and Zip: OH 44460

Phone: 304 804 0231

Alternative
Phone:

Email: SbuckEYE 69 @ Yahoo.com

Work Locations: AMC Cassell, FCI Gilmer, FCF Elko

Supervisor: AWS Faculty, Sharyn.

CONSENT TO JOIN COLLECTIVE ACTION

- I, Carrie Lopracna (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: 6-23-2015 Signature: Carrie

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

Start and end dates of employment: 11-7-2010 to Present
Address: 1624 Evangeline Ln
City: Vidor
State and Zip: TX 77662
Phone: 330-550-4566
Alternative Phone: 330-553-1862
Email: Carebear1052000@yahoo.com
Work Locations: Beaumont TX
Supervisor: M. Wolsen

CONSENT TO JOIN COLLECTIVE ACTION

- I, Dwight Taffon (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: June 23, 2015 Signature: Dwight Taffon

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

Start and end dates of employment: 08-03-1991 to Present

Address: 1970 Orchid Lane

City: Brownsville, TX, 77113

State and Zip: TX, 77113

Phone: (409) 639-4321

Alternative Phone: Same

Email: Dwighttaffon@yahoo.com

Work Locations: FCC Beaumont (USP)

Supervisor: Lt. L. Lison

CONSENT TO JOIN COLLECTIVE ACTION

- I, CHRISTOPHER CROUT (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: 6/23/25 Signature: 

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

Start and end dates of employment: 11/29/2015 to PRESENT

Address: 525 RUNNING WATER TRAIL

City: FORT WORTH

State and Zip: TX 76131

Phone: 843 864 1182

Alternative Phone: 843 367 0171

Email: croutca@yahoo.com

Work Locations: FMC CARSWELL

Supervisor: L. SMITH

CONSENT TO JOIN COLLECTIVE ACTION

- I, REUBEN L. GAINES (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: 6/23/2025 Signature: R.L. Gaines

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

Start and end dates of employment: FEB. 1998 to SEPT. 2020

Address: 9332 Liberty Crossing Dr.

City: FORT WORTH, TX 76131

State and Zip: TEXAS, 76131

Phone: 817-235-1187

Alternative Phone:

Email: 3gaines3@gmail.com

Work Locations: Federal Medical Center, Carswell

Supervisor: Shift Lieutenant

CONSENT TO JOIN COLLECTIVE ACTION

- I, Brad Gilliam (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: 4/23/2025 Signature: 

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

Start and end dates of employment: 10/22/2000 to current

Address: 6241 Lisa Street

City: Burleson

State and Zip: Texas 76028

Phone: 817 991 3899

Alternative Phone: 817 991 4767

Email: GilliamFamily4@yahoo.com

Work Locations: FMC FTW

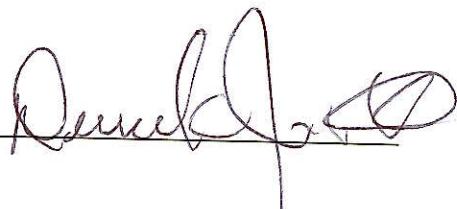
Supervisor: M. Cordova

CONSENT TO JOIN COLLECTIVE ACTION

- I, Derrick J Joseph (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: 06-23-2025

Signature:



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

Start and end dates of employment: 05-09-1999 to Present

Address: 565 Spruce Rd.

City: Forney

State and Zip: TX 75126

Phone: (409) 454-6261

Alternative
Phone: Same As

Email: Derrick D. Joseph BOP, Gov

Work Locations: ECC Beaumont, FCI Seagoville

Supervisor: Lt. S. Sean

CONSENT TO JOIN COLLECTIVE ACTION

- I, Benjamin Buelke (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: 6/22/25

Signature:



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

Start and end dates of employment: 12/17/2000 to Present

Address: 414 3rd ST- NW

City: New Richland

State and Zip: MN, 56072

Phone: (507) 521-0444

Alternative Phone: 507 521-1411

Email: Ben-Buelke@Yahoo.com

Work Locations: FCI WASECA

Supervisor: CRYSTAL KOPISCHKE

CONSENT TO JOIN COLLECTIVE ACTION

- I, ANDREW RIEHM (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: 6-22-25 Signature: Andrew Riehm

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

Start and end dates of employment: 11-24-96 to 04-30-22

Address: 415 7TH AVE NE

City: WASECA

State and Zip: MN 56093

Phone: 507-475-3169

Alternative
Phone: _____

Email: andrewriehm@yahoo.com

Work Locations: FCI WASECA, MN

Supervisor: assigned Wardens 1996 - 2022

CONSENT TO JOIN COLLECTIVE ACTION

- I, Quest A. Fritz (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: 06/28/2025 Signature: 

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

Start and end dates of employment: 12/09/2018 to Present

Address: 158 Louie Place Unit 3207

City: Lexington KY

State and Zip: Kentucky 40511

Phone: (574)933-3765

Alternative
Phone: _____

Email: quest-fritz@yahoo.com

Work Locations: FMC Lexington

Supervisor: Captain Boyer

CONSENT TO JOIN COLLECTIVE ACTION

- I, JACQUEL HOOPER (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: June 22 Signature: T. H.

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

Start and end dates of employment: April 24, 1999 to Feb 28, 2025

Address: 204 monica CT.

City: McDonough

State and Zip: G-A. 30253

Phone: 404-510-0891

Alternative Phone: N/A

Email: joxhoop71@yahoo.com

Work Locations: mobile patrol officer (USP ATLANTA)

Supervisor: Kim Humphrey

CONSENT TO JOIN COLLECTIVE ACTION

- I, Clinton Dukes (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: 6-22-25 Signature: Clinton Dukes

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

Start and end dates of employment: 5-16-93 to Present

Address: 120 Rocky Fork Blvd

City: Fayetteville

State and Zip: GA 30214

Phone: (404) 435-5359 cell

Alternative Phone: (770) 964-8635 HOME

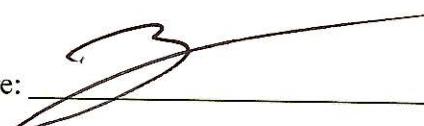
Email: Clinton_dukes@yahoo.com

Work Locations: USP Atlanta

Supervisor: Lt. Brown

CONSENT TO JOIN COLLECTIVE ACTION

- I, Zachariah Tafoya (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: 1e-22-25 Signature: 

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

Start and end dates of employment: July, 5th 2010 to April 2024

Address: 3600 devonshire ln

City: Pueblo

State and Zip: CO 81003

Phone: 719-696-8781

Alternative Phone: 719-561-2326

Email: zachariahTafoya@gmail.com

Work Locations: mobil patrol, fcc florence

Supervisor: Tom tonko

CONSENT TO JOIN COLLECTIVE ACTION

- I, Angelo Porter (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: 6/22/25 Signature: Angelo Porter

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

Start and end dates of employment: 1/12/03 to current

Address: 107 Frost Ln

City: Colorado Springs

State and Zip: CO 80916

Phone: 719 963 5200

Alternative Phone: _____

Email: AmPorter9@yahoo.com

Work Locations: ADX Florence

Supervisor: LT Padiw

CONSENT TO JOIN COLLECTIVE ACTION

- I, Eric A. Leopold (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: 10-22-2025 Signature: 

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

Start and end dates of employment: 10/8/1997 to 10/31/2020

Address: 702 Sitka Deer Ct NW

City: Salem

State and Zip: Oregon 97304

Phone: 503-562-9372

Alternative Phone: 503-375-7606

Email: nleopold72@yahoo.com

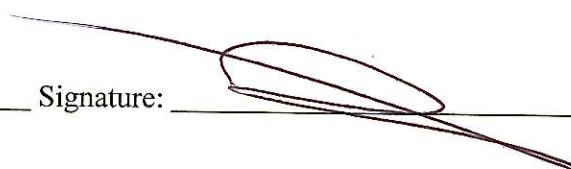
Work Locations: Sheridan Oregon

Supervisor: Operations Lieutenant / varies

CONSENT TO JOIN COLLECTIVE ACTION

- I, John McRae (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: 6-22-25

Signature: 

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

Start and end dates of employment: 6-12-16 to Current

Address: 8236 Allentown Drive

City: Youngstown

State and Zip: Ohio 44513

Phone: 234-575-3824

Alternative
Phone: _____

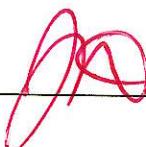
Email: _____

Work Locations: Rec Allentown 3rd flr Elkton

Supervisor: Dan Bender

CONSENT TO JOIN COLLECTIVE ACTION

- I, JASON ORTIS JR (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: 6/22/2025 Signature: 

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

Start and end dates of employment: July 95 to OCTOBER 22

Address: 519 3RD AVE. P.O. BOX 986

City: BERLIN LA. 70655

State and Zip: LOUISIANA - 70655

Phone: 337-304-4355

Alternative Phone: N/A

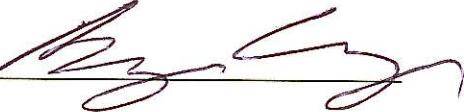
Email: JASON ORTIS 46@GMAIL.COM

Work Locations: OAKDALE LOUISIANA

Supervisor: William Trull (CAPTAIN)

CONSENT TO JOIN COLLECTIVE ACTION

- I, Bradley Quint Cary (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: 6-22-25 Signature: 

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

Start and end dates of employment: 8/10 to 9/20

Address: 877 Redgulf Dr Apt 56

City: Port Neches

State and Zip: TX 77651

Phone: (409) 543-9325

Alternative
Phone: _____

Email: bradcaray324@yahoo.com

Work Locations: FCC Beaumont

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Frances Ballou (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: 6-22-25 Signature: 

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

Start and end dates of employment: Sept 2013 to Current

Address: 3220 Maple Ave

City: Groves, TX 77619

State and Zip: TX 77619

Phone: (409) 594-0729

Alternative Phone: N/A

Email: fballou@bop.gov

Work Locations: FCC Beaumont

Supervisor: Lt. Hunter

CONSENT TO JOIN COLLECTIVE ACTION

- I, Sienna Yvette Tute (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: 6/22/25 Signature: Sienna Yvette Tute

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

Start and end dates of employment: July 2018 to April 2023

Address: 14253 Coness Street

City: Pilot Point

State and Zip: TEXAS ~~76055~~ 76258

Phone: 945 - 226 - 5300

Alternative
Phone:

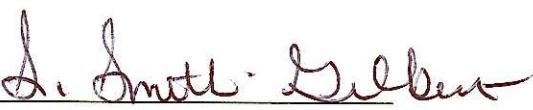
Email: Sienna.Parkone@gmail.com

Work Locations: Lompoc, CA, Memphis, TN

Supervisor: N/A

CONSENT TO JOIN COLLECTIVE ACTION

- I, Sarah Smith-Gilbert (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: 01-20-2025 Signature: 

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

Start and end dates of employment: 01-21-2007 to Present

Address: 5770 Sunbird Lane

City: Beaumont, TX

State and Zip: Texas 77708

Phone: (409) 659-0938

Alternative Phone: Same

Email: 70Sassy.Lee@gmail.com

Work Locations: FCC Beaumont / medium

Supervisor: Jhr. stepher Pitts

CONSENT TO JOIN COLLECTIVE ACTION

- I, Vince Waths (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: 7/21/2025 Signature: 

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

Start and end dates of employment: September 1995 to August 2020

Address: 1104 MALLARD Pointe

City: Lennh-Hill Tx

State and Zip: TEXAS 75104

Phone: 214-536-9666

Alternative Phone: _____

Email: VWATHSUP@YAHOO.COM

Work Locations: FCI Senegoville

Supervisor: lt. Montgomery

CONSENT TO JOIN COLLECTIVE ACTION

- I, Stefan Hurst (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: 06/20/2025 Signature: 

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

Start and end dates of employment: 03/03/2019 to Present

Address: 2601 Western Way

City: Leesburg FL 34748

State and Zip: _____

Phone: 801-367-6003

Alternative
Phone: _____

Email: stefanh88@gmail.com

Work Locations: FCC Coleman

Supervisor: Stefano Ximenez

CONSENT TO JOIN COLLECTIVE ACTION

- I, Nicole Anderson (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: 9/29/25 Signature: Nicole Anderson

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

Start and end dates of employment: 2/2004 to 2/2024

Address: 2531 13 Ave NW

City: Rochester

State and Zip: MN 55901

Phone: 507 696 7140

Alternative
Phone: _____

Email: nmszura@gmail.com

Work Locations: Fmc Rochester

Supervisor: Health Services Admin.

CONSENT TO JOIN COLLECTIVE ACTION

- I, Nick McClanahan (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: 6/21/25 Signature: 

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

Start and end dates of employment: 11/30/14 to 5/12/23

Address: 118 Frye Ct.

City: Nicholasville

State and Zip: Kentucky 40356

Phone: 859-608-7808

Alternative
Phone: _____

Email: nick.mcclanahan@icloud.com

Work Locations: Self Employed

Supervisor: My self

CONSENT TO JOIN COLLECTIVE ACTION

- I, MARK Torda (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: 6/21/25 Signature: 

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

Start and end dates of employment: 4/30/06 to 3/12/22

Address: 154 SHERADS RD

City: MILANVILLE

State and Zip: PA 18443

Phone: (570) 909-7119

Alternative
Phone: _____

Email: _____

Work Locations: _____

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Mitchel Galbraith (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: 5/20/25 Signature: *mitchel galbraith*

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

Start and end dates of employment: 6/22/20 to Present

Address: 447 interstate PKWY

City: Bradford, PA

State and Zip: PA 16701

Phone: 814-331-1595

Alternative Phone:

Email: *mitchelgalbraith@gmail.com*

Work Locations: FCI McKean

Supervisor: T. Reynolds

CONSENT TO JOIN COLLECTIVE ACTION

- I, Sophia Rowl (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: 6/21/2025 Signature: *Sophia Rowl*

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

Start and end dates of employment: 04/26/2020 to present
 4-26-20
 sn

Address: 5306 Lions Gate Lane

City: Killeen

State and Zip: Texas, 76549

Phone: 254.661.3015

Alternative Phone: _____

Email: s-rowls@yahoo.com

Work Locations: FCI - Bastrop, Texas

Supervisor: Lt. Holcomb

CONSENT TO JOIN COLLECTIVE ACTION

Aleman

- I, Nanette R. Aleman (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: 6/21/2025 Signature: Nanette R Aleman

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

Start and end dates of employment: 03/2001 to 6/4/2021

Address: 1341 Hwy. 95 N.

City: Bastrop

State and Zip: TX, 78610

Phone: (512) 797-3397

Alternative Phone: NONE

Email: ymazz63@z01.com

Work Locations: FCC Florence, FCI Bastrop

Supervisor: Anthony Mendoza

CONSENT TO JOIN COLLECTIVE ACTION

- I, Terry Mccarney (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: 6-21-2015 Signature: 

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

Start and end dates of employment: Feb 2000 to Present

Address: 116 Ko Ko ct.

City: Bastrop Tx 78602

State and Zip: Tex 78602

Phone: 512-988-8501

Alternative Phone: _____

Email: rejodevil@live.com

Work Locations: USL Lompoc, FBI Bastrop

Supervisor: Kimberly Reeves

CONSENT TO JOIN COLLECTIVE ACTION

- I, Mark L. Bezzak (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: Mark L. Bezzak

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

Start and end dates of employment: 1/21/1996 to 12/31/2023

Address: 25 Hemlock Avenue

City: Kane, Pennsylvania

State and Zip: Pennsylvania

Phone: 814 837 6544

Alternative Phone: 814 548 9567

Email: lmbizzak@comcast.net

Work Locations: F.C.I. McMurtry 6975 PA-59 Lewisburg PA 16738

Supervisor: ROBERT GETZ

CONSENT TO JOIN COLLECTIVE ACTION

- I, Lamar Carey (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 - 21 - 2025 Signature: Lamar Carey

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

Start and end dates of employment: 2-16-1999 to 4-30-2023

Address: 832 Pennington Ave

City: Trenton

State and Zip: NJ 08618

Phone: 609-532-0380

Alternative
Phone: _____

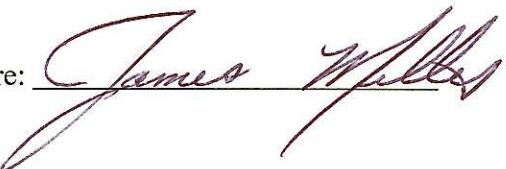
Email: mr.trenton.97@gmail.com

Work Locations: FCI Fort Dix

Supervisor: LT. R Wright

CONSENT TO JOIN COLLECTIVE ACTION

- I, James Miller (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: 

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

Start and end dates of employment: 3-3-1996 to 12-04-2021

Address: 209 CENTER ST

City: Clio

State and Zip: Michigan, 48420

Phone: 810 210 4293

Alternative Phone: N/A (SAME AS ABOVE)

Email: thriller682000@yahoo.com

Work Locations: FCI MILAN, Michigan 48160

Supervisor: 1-734-439-5506

CONSENT TO JOIN COLLECTIVE ACTION

- I, Dalia Z-Boye (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: 6-21-25 Signature: Dalia Z-Boye

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

Start and end dates of employment: 9-25-22 to presently employed

Address: 1398 Hagood Ave.

City: Barnwell

State and Zip: South Carolina 29812

Phone: (803)571-2009

Alternative Phone: (803)571 - 3850

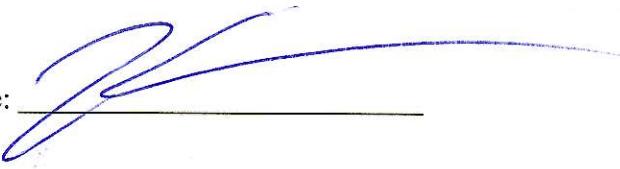
Email: Boycedalia@yahoo.com

Work Locations: 100 Prison Rd. Estill, SC. 29918

Supervisor: Lt. Daniel Merrill

CONSENT TO JOIN COLLECTIVE ACTION

- I, Jacob Whalen (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: 06/21/2025 Signature: 

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

Start and end dates of employment: 06/2019 to 11/2021

Address: High Pointe Apartments 1225 Beacon Pkwy E Apt 1225C

City: Birmingham

State and Zip: AL 35209

Phone: 618-780-5654

Alternative Phone: _____

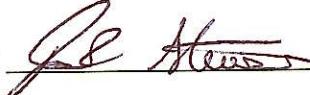
Email: jewhalen@hotmail.com

Work Locations: FCI Greenville

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Joshua A. Stewart (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: 

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

Start and end dates of employment: 10/15/05 to present

Address: 409 N. College St.

City: Glencoe

State and Zip: AL 36905

Phone: 256-504-5316

Alternative
Phone: _____

Email: Stewpal2@gmail.com

Work Locations: Recreation

Supervisor: Mr. Cairo

CONSENT TO JOIN COLLECTIVE ACTION

- I, Stephanie Shah (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: 6/11/2025 Signature: Stephanie Shah

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

Start and end dates of employment: 01/10/2010 to Present

Address: 1250 Ford Highway

City: Tecumseh

State and Zip: MICHIGAN 49286

Phone: (586) 823-2733

Alternative Phone:

Email: Stephanie.n.melendez@gmail.com

Work Locations: PCI MILAN

Supervisor: ANDREW COWAN

CONSENT TO JOIN COLLECTIVE ACTION

- I, Kalib Strahl (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: 6-21-25 Signature: 

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

Start and end dates of employment: 2012 to current

Address: 7250 Ford Hwy

City: Tecumseh

State and Zip: MI 49286

Phone: 313-348-8806

Alternative
Phone: _____

Email: SGTStrahl137@yahoo.com

Work Locations: FCI Milan

Supervisor: S. TORRES

CONSENT TO JOIN COLLECTIVE ACTION

- I, Mark J Roche (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: 6/31/2025 Signature: 

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

Start and end dates of employment: 11/29/1992 to 9/30/2021

Address: 1171D Dearmyer Rd

City: Brooklyn

State and Zip: MI 49230

Phone: 517-592-1844

Alternative Phone: 517-936-6192

Email: rdasper@frontier.com

Work Locations: FCI Milan, 4004 East Arkona Rd, Milan, MI, 48160

Supervisor: Retired

CONSENT TO JOIN COLLECTIVE ACTION

- I, Wesley Sincs (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: 6-21-25 Signature: Wesley Sincs

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

Start and end dates of employment: d-2023 to 1-2025

Address: 606 Smead st

City: Blissfield

State and Zip: Mi 49228

Phone: 517-610-4692

Alternative
Phone: /

Email: Wesman1754@hotmail.com

Work Locations: FCI Milan

Supervisor: L.T. Schonter