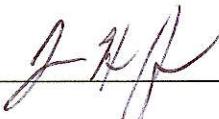


CONSENT TO JOIN COLLECTIVE ACTION

- I, Jason Huff (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: 6-26-25 Signature: 

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

Start and end dates of employment: 3-20-09 to Present

Address: 6175 Carnation dr.

City: Beaumont

State and Zip: Texas 77706

Phone: 409-454-7535

Alternative
Phone: _____

Email: Jason2Huff@gmail.com

Work Locations: FCC Beaumont

Supervisor: Warden Rivers

CONSENT TO JOIN COLLECTIVE ACTION

- I, Kevin Washington (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: 6-27-25 Signature: Kevin Washington

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

Start and end dates of employment: 8-7-2005 to Current

Address: P.O. Box 365

City: Charleston

State and Zip: MS 38921

Phone: 662 375 4366

Alternative
Phone: _____

Email: KWashington1911@yahoo.com

Work Locations: FCC Yazoo City

Supervisor: Unit Manager Andrea Smith

CONSENT TO JOIN COLLECTIVE ACTION

- I, OSVALDO LUGA (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: 6/25/25 Signature: OL

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

Start and end dates of employment: 02/2017 to Present

Address: 4243 SW 164TH PATH

City: MIAMI

State and Zip: FL 33185

Phone: 619-919-5350

Alternative
Phone: _____

Email: osvaldo.luga.0215.SDSUS@gmail.com

Work Locations: FCI MIAMI (MIA)

Supervisor: Jennifer Ozuna

CONSENT TO JOIN COLLECTIVE ACTION

- I, Nicholas Gomez III (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: 6/27/25 Signature: *N. Gomez*

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

Start and end dates of employment: 5/22/24 to present

Address: 1261 ne 42nd Ave

City: Homestead FL

State and Zip: FL, 33033

Phone: 786-594-1640

Alternative
Phone: _____

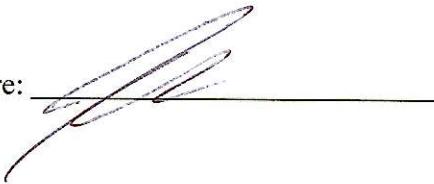
Email: nich.gomez253@yahoo.com

Work Locations: FCI Miami

Supervisor: LT Rodriguez

CONSENT TO JOIN COLLECTIVE ACTION

- I, Joshua Phillips (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: 8-20-2014 to Present

Address: 206 W. 7th St.

City: Florence

State and Zip: CO 81226

Phone: 719-696-4494

Alternative
Phone: _____

Email: humpjosh@yahoo.com

Work Locations: FCI Florence

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Lori Ward (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: Lori Ward

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

Start and end dates of employment: 12-2018 to 12-2022

Address: 1772 N Freeport Rd

City: Polo

State and Zip: IL 61064

Phone: 815-440-8464

Alternative
Phone: _____

Email: Loriward 1981@gmail.com

Work Locations: Thomson

Supervisor: Lt.

CONSENT TO JOIN COLLECTIVE ACTION

- I, James D. Wells (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: 6-26-25 Signature: James D. Wells

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

Start and end dates of employment: 5-16-04 to PRESENT

Address: 5209 BULLSKIN RD,

City: SICEROCK

State and Zip: KY. 41762

Phone: 606-731-8498

Alternative
Phone: N/A

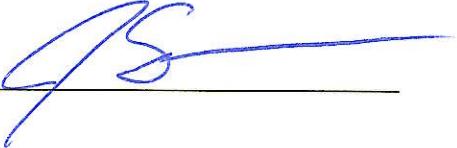
Email: jd.wells96@yahoo.com

Work Locations: F.C.I MANCHESTER

Supervisor: VARIOUS

CONSENT TO JOIN COLLECTIVE ACTION

- I, Jeremy Sowders (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: 6-26-25 Signature: 

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

Start and end dates of employment: 9-14-2008 to Present

Address: 300 Cobblestone Way

City: Corbin

State and Zip: KY 40701

Phone: 606 813 9514

Alternative Phone: 606 599 7103

Email: jeremy_sowders@hotmail.com

Work Locations: USP Mc Creary

Supervisor: Warden Lovett

CONSENT TO JOIN COLLECTIVE ACTION

- I, Bradley Hobbs (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: 6-27-25 Signature: Bradley Hobbs

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

Start and end dates of employment: 12-7-08 to present

Address: 88 Orchard Branch

City: Manchester

State and Zip: KY 40962

Phone: (606) 594-0070

Alternative Phone: (606) 594-9451

Email: bhobbs@bop.gov

Work Locations: FCI Manchester, KY

Supervisor: Rocky Johnson

CONSENT TO JOIN COLLECTIVE ACTION

- I, Tracy Fields (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: 6/24/25 Signature: Tracy Fields

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

Start and end dates of employment: 11/2/2003 to 5/18/24

Address: 459 Woodchase Lane

City: Corbin

State and Zip: KY 40701

Phone: (606) 344-0973

Alternative
Phone: _____

Email: tracye.fields1979@gmail.com

Work Locations: USF McCreary FCI Manchester

Supervisor: Shaun Faulkner Robert Norman
2003 - 2013 2013 - 2024

CONSENT TO JOIN COLLECTIVE ACTION

- I, Ka'Nesha D. Groomes (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: 6.26.2025 Signature Ka'Nesha D. Groomes

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

Start and end dates of employment: March 31, 2019 ^{KG} to Current

Address: 4676 River Dr.

City: Marianna

State and Zip: Florida 32446

Phone: 850-209-4895

Alternative Phone: _____

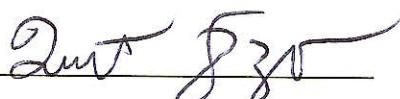
Email: KGroomes@yahoo.com

Work Locations: FMC Fort Worth, FCI Coleman Low, FCI Marianna (11/2024 - Current)

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Quinton DeRabs (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: 6-25-15 Signature: 

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

Start and end dates of employment: 10-13-13 to Present

Address: 1607 3rd St

City: Cresson

State and Zip: PA 16630

Phone: 814-365-9555
935

Alternative
Phone: _____

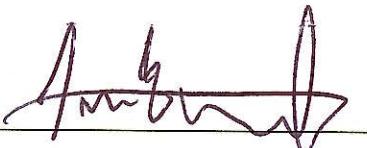
Email: _____

Work Locations: FCI Loretto

Supervisor: Ryan Patterson

CONSENT TO JOIN COLLECTIVE ACTION

- I, JASON ERTEL (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: 6-27-25 Signature: 

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

Start and end dates of employment: MARCH 2014 to OCTOBER 2024

Address: 12266 E RAIN TREE CT.

City: INVERNESS

State and Zip: FL 34450

Phone: 904-525-1576

Alternative
Phone:

Email: JASONERTEL@GMAIL.COM

Work Locations: COW, PEN 1, FACILITIES

Supervisor: TODD LARGO

CONSENT TO JOIN COLLECTIVE ACTION

- I, Delmar Kinkendall (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: 06/26/25 Signature: 

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

Start and end dates of employment: 05/2016 - 10/2020 ~~02/2023 - 12/2024~~

Address: 6039 N. Bedstrom Blvd

City: Citrus Springs

State and Zip: Florida 34434

Phone: (352) 256-7825

Alternative
Phone:

Email: Delmar.Kinkendall@ymail.com

Work Locations: Coleman, FL USP2 & USP1

Supervisor: L.T. Shields Cpt. Sookdeo

CONSENT TO JOIN COLLECTIVE ACTION

- I, Omari Pringle (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: 6/26/25 Signature: Omari Pringle

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

Start and end dates of employment: 2/4/08 to present

Address: 6276 N. Gentry Ave

City: Fresno CA

State and Zip: CA, 93711

Phone: (559) 253-3323

Alternative Phone: WIA

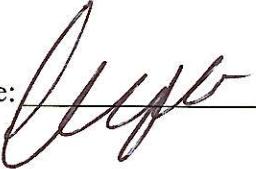
Email: PRingle0@yahoo.com

Work Locations: FCI Mendota / mobile 1

Supervisor: Eric Boston

CONSENT TO JOIN COLLECTIVE ACTION

- I, _____ (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: 9/20/25 Signature: 

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

Start and end dates of employment: 2/2000 to 8/2012

Address: 2199 frostwood Dr.

City: Youngstown, ro ~~801~~ 44515

State and Zip: OHIO 44515

Phone: 720-226-1007

Alternative Phone: _____

Email: J.VeihFCI@hotmail.com

Work Locations: FCI Elkton / Retired

Supervisor: Karree

CONSENT TO JOIN COLLECTIVE ACTION

- I, VINCENT BIGGS (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: 06-21-25 Signature: Vincent Jean Biggs

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

Start and end dates of employment: 04-04-2004 to 04-04-2024

Address: 9262 LEWIS PL

City: JONESBORO

State and Zip: GEORGIA 30238

Phone: (678) 526-3560

Alternative Phone: _____

Email: b16biggs69(a)GMAIL.COM

Work Locations: USP ATLANTA

Supervisor: LT. WHITE

CONSENT TO JOIN COLLECTIVE ACTION

- I, PATRICK SHACKELFORD (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: 6/26/25 Signature: 

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

Start and end dates of employment: Oct. 2005 to now

Address: 79 BROWN RD

City: SENOIA

State and Zip: GA 30276

Phone: 470-215-9938

Alternative
Phone: _____

Email: tallon027@yahoo.com

Work Locations: CMS

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Marcus Good (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: M. Good

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

Start and end dates of employment: Jan 7, 2001 to Present

Address: Old 70 Hwy P.O. Box 1000

City: Batner

State and Zip: North Carolina

Phone: 919-575-4541

Alternative
Phone: _____

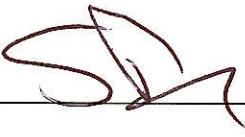
Email: m1goode@bop.gov

Work Locations: Batner

Supervisor: Lt. Troublefield

CONSENT TO JOIN COLLECTIVE ACTION

- I, Sonya Donovan (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: 6/24/15 Signature: 

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

Start and end dates of employment: 4/21/01 to present

Address: 6257 Tresor Ln

City: Petersburg

State and Zip: VA 23803

Phone: 804-733-2881 X 4146

Alternative Phone:

Email: SDonovan@FCC.gov

Work Locations: FCC Petersburg

Supervisor: Mr. Edwards

CONSENT TO JOIN COLLECTIVE ACTION

• I, JOHN A MEYER 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: 6.25.25

Signature: 

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

Start and end dates of employment: 9.16.05 ^{9.16.2005}  to PRESENT

Address: 303 BROUGHTON RD

City: MONKS CORNER

State and Zip: SC 29461

Phone: 843-557-3498

Alternative Phone: 843-557-2505

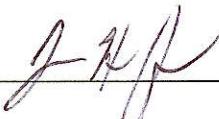
Email: JONAMYR2@GMAIL.COM

Work Locations: FCI WILLIAMSBURG FCI BERLIN

Supervisor: FCI WILLIAMSBURG -
FCI BERLIN - CAPTAIN LYNCH

CONSENT TO JOIN COLLECTIVE ACTION

- I, Jason Huff (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: 6-26-25 Signature: 

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

Start and end dates of employment: 3-20-09 to Present

Address: 6175 Carnation dr.

City: Beaumont

State and Zip: Texas 77706

Phone: 409-454-7535

Alternative
Phone: _____

Email: Jason2Huff@gmail.com

Work Locations: FCC Beaumont

Supervisor: Warden Rivers

CONSENT TO JOIN COLLECTIVE ACTION

- I, Kevin Washington (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: 6-27-25 Signature: Kevin Washington

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

Start and end dates of employment: 8-7-2005 to Current

Address: P.O. Box 365

City: Charleston

State and Zip: MS 38921

Phone: 662 375 4366

Alternative
Phone: _____

Email: KWashington1911@yahoo.com

Work Locations: FCC Yazoo City

Supervisor: Unit Manager Andrea Smith

CONSENT TO JOIN COLLECTIVE ACTION

- I, Osvaldo Luis (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: 6/25/25 Signature: OZ

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

Start and end dates of employment: 02/2017 to Present

Address: 4243 SW 164TH PATH

City: MIAMI

State and Zip: FL 33185

Phone: 619-919-5350

Alternative
Phone: _____

Email: osvaldo.luis.oz215@gmail.com

Work Locations: FCI MIAMI (MIA)

Supervisor: Jennifer Ozuna

CONSENT TO JOIN COLLECTIVE ACTION

- I, Nicholas Gomez III (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: 6/27/25 Signature: *N. Gomez*

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

Start and end dates of employment: 5/22/24 to present

Address: 1261 ne 42nd Ave

City: Homestead FL

State and Zip: FL, 33033

Phone: 786-594-1640

Alternative
Phone: _____

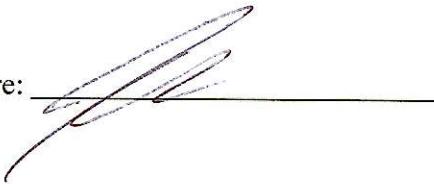
Email: nich.gomez253@yahoo.com

Work Locations: FCI Miami

Supervisor: LT Rodriguez

CONSENT TO JOIN COLLECTIVE ACTION

- I, Joshua Phillips (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: 8-20-2014 to Present

Address: 206 W. 7th St.

City: Florence

State and Zip: CO 81226

Phone: 719-696-4494

Alternative
Phone: _____

Email: humpjosh@yahoo.com

Work Locations: FCI Florence

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Lori Ward (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: Lori Ward

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

Start and end dates of employment: 12-2018 to 12-2022

Address: 1772 N Freeport Rd

City: Polo

State and Zip: IL 61064

Phone: 815-440-8464

Alternative
Phone: _____

Email: Loriward 1981@gmail.com

Work Locations: Thomson

Supervisor: Lt.

CONSENT TO JOIN COLLECTIVE ACTION

- I, James D. Wells (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: 6-26-25 Signature: James D. Wells

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

Start and end dates of employment: 5-16-04 to PRESENT

Address: 5209 BULLSKIN RD,

City: SICEROCK

State and Zip: KY. 41762

Phone: 606-731-8498

Alternative
Phone: N/A

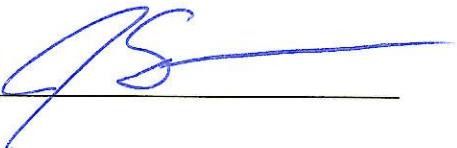
Email: jd.wells96@yahoo.com

Work Locations: F.C.I MANCHESTER

Supervisor: VARIOUS

CONSENT TO JOIN COLLECTIVE ACTION

- I, Jeremy Sowders (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: 6-26-25 Signature: 

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

Start and end dates of employment: 9-14-2008 to Present

Address: 300 Cobblestone Way

City: Corbin

State and Zip: KY 40701

Phone: 606 813 9514

Alternative Phone: 606 599 7103

Email: jeremy_sowders@hotmail.com

Work Locations: USP Mc Creary

Supervisor: Warden Lovett

CONSENT TO JOIN COLLECTIVE ACTION

- I, Bradley Hobbs (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: 6-27-25 Signature: Bradley Hobbs

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

Start and end dates of employment: 12-7-08 to present

Address: 88 Orchard Branch

City: Manchester

State and Zip: KY 40962

Phone: (606) 594-0070

Alternative Phone: (606) 594-9451

Email: bhobbs@bop.gov

Work Locations: FCI Manchester, KY

Supervisor: Rocky Johnson

CONSENT TO JOIN COLLECTIVE ACTION

- I, Tracy Fields (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: 6/24/25 Signature: Tracy Fields

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

Start and end dates of employment: 11/2/2003 to 5/18/24

Address: 459 Woodchase Lane

City: Corbin

State and Zip: KY 40701

Phone: (606) 344-0973

Alternative
Phone: _____

Email: tracye.fields1979@gmail.com

Work Locations: USF McCreary FCI Manchester

Supervisor: Shaun Faulkner Robert Norman
2003 - 2013 2013 - 2024

CONSENT TO JOIN COLLECTIVE ACTION

- I, Ka'Nesha D. Groomes (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: 6.26.2025 Signature Ka'Nesha D. Groomes

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

Start and end dates of employment: March 31, 2019 ^{KG} to Current

Address: 4676 River Dr.

City: Marianna

State and Zip: Florida 32446

Phone: 850-209-4895

Alternative Phone: _____

Email: KGroomes@yahoo.com

Work Locations: FMC Fort Worth, FCI Coleman Low, FCI Marianna (11/2024 - Current)

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Quinton DeRabs (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: 6-25-15 Signature: 

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

Start and end dates of employment: 10-13-13 to Present

Address: 1607 3rd St

City: Cresson

State and Zip: PA 16630

Phone: 814-365-9555
935

Alternative
Phone: _____

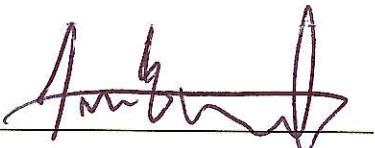
Email: _____

Work Locations: FCI Loretto

Supervisor: Ryan Patterson

CONSENT TO JOIN COLLECTIVE ACTION

- I, JASON ERTEL (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: 6-27-25 Signature: 

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

Start and end dates of employment: MARCH 2014 to OCTOBER 2024

Address: 12266 E RAIN TREE CT.

City: INVERNESS

State and Zip: FL 34450

Phone: 904-525-1576

Alternative
Phone:

Email: JASONERTEL@GMAIL.COM

Work Locations: COW, PEN 1, FACILITIES

Supervisor: TODD LARGO

CONSENT TO JOIN COLLECTIVE ACTION

- I, Delmar Kinkendall (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: 06/26/25 Signature: 

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

Start and end dates of employment: 05/2016 - 10/2020 02/2023 - 12/2024

Address: 6039 N. Bedstrom Blvd

City: Citrus Springs

State and Zip: Florida 34434

Phone: (352) 256-7825

Alternative
Phone:

Email: Delmar.Kinkendall@ymail.com

Work Locations: Coleman, FL USP2 & USP1

Supervisor: L.T. Shields Cpt. Sookdeo

CONSENT TO JOIN COLLECTIVE ACTION

- I, Omari Pringle (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: 6/26/25 Signature: Omari Pringle

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

Start and end dates of employment: 2/4/08 to present

Address: 6276 N. Gentry Ave

City: Fresno CA

State and Zip: CA, 93711

Phone: (559) 253-3323

Alternative Phone: WIA

Email: PRingle0@yahoo.com

Work Locations: FCI Mendota / mobile 1

Supervisor: Eric Boston

CONSENT TO JOIN COLLECTIVE ACTION

- I, Donnell DeLoatch (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 26 2025 Signature: 

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

Start and end dates of employment: August-13-2000 to August-29-2020

Address: 8315 MCKEE Road

City: Roughmont

State and Zip: N.C 27572

Phone: 919-452-0972

Alternative Phone: SAME AS Above

Email: DeLoatch102@gmail.com

Work Locations: FCC BUTNER

Supervisor: Capt MOORE

CONSENT TO JOIN COLLECTIVE ACTION

- I, Willie Booker (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: 6/27/25 Signature: Willie Booker

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

Start and end dates of employment: 11/17/2024 to Current

Address: 210 Cherry Street

City: Clarksdale

State and Zip: MS 38614

Phone: 662-330-2450

Alternative
Phone: _____

Email: Booker132003@gmail.com

Work Locations: Memphis FCI

Supervisor: LT. S. Wright

CONSENT TO JOIN COLLECTIVE ACTION

- I, Levi Cook (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: 6-27-25 Signature: J. Cook

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

Start and end dates of employment: 10/2014 to Present

Address: 247 SFC 852

City: Palestine

State and Zip: AR 72372

Phone: 870-270-2873

Alternative
Phone: _____

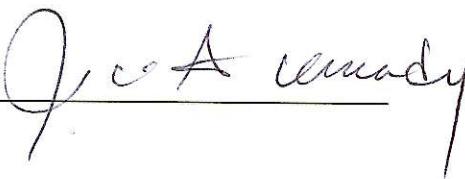
Email: ~~t~~levicook121@yahoo.com

Work Locations: FCC - Forrest City

Supervisor: C Murphy

CONSENT TO JOIN COLLECTIVE ACTION

- I, John A. Canady (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: 6-27-05 Signature: 

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

Start and end dates of employment: 4-17-06 to 7-6-22

Address: 1531 Forkleberry Dr.

City: Cordova

State and Zip: TN 38016

Phone: 901 438 8211

Alternative Phone:

Email: J. Canady @ comcast.net

Work Locations: FBI memphis retired

Supervisor:

CONSENT TO JOIN COLLECTIVE ACTION

- I, Kathy Cook (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: Kathy Cook

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

Start and end dates of employment: 1997 to 2024

Address: 165 SFC 852

City: Palestine

State and Zip: AR 72372

Phone: 870- 945- 2667

Alternative Phone: 870- 945-

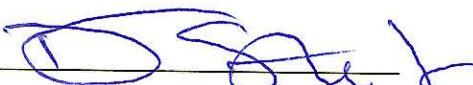
Email: Kathy Cook 1969@yahoo.com

Work Locations: FCC- Forrest City

Supervisor: C. Hansen

CONSENT TO JOIN COLLECTIVE ACTION

- I, Donna D. Stover (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: 06-25-2025 Signature: 

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

Start and end dates of employment: 09-10-2000 to 10-29-2022

Address: 2457 KNOBWOD AVE.

City: POLAND

State and Zip: OHIO 44514

Phone: 330 - 565 - 9143

Alternative Phone: 330 - 565 - 9142

Email: 91FATBOY@zoominternet.NET

Work Locations: FCI ELKTON

Supervisor: LEGATOR'S OFFICE.

CONSENT TO JOIN COLLECTIVE ACTION

- I, Shawn Koontz (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: 10/19/2014 to Present

Address: 60 S. Sycamore Ter

City: Canton

State and Zip: IL 61520

Phone: 309 - 339 - 5085

Alternative Phone: _____

Email: _____

Work Locations: FCI Pekin IL

Supervisor: Captain William Smythe

CONSENT TO JOIN COLLECTIVE ACTION

- I, MICHAEL DUNLEY (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: 6/25/29 Signature: 

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

Start and end dates of employment: 7/1/2009 to PRESENT

Address: 246 HIDDEN VILLAGE LN

City: HOLLYWOOD

State and Zip: OHIO 43528

Phone: 419 442 9480

Alternative Phone: _____

Email: MICDEV3378 @ YAHOO.COM

Work Locations: FCI MILAN

Supervisor: FACILITIES MANAGER COWAN

CONSENT TO JOIN COLLECTIVE ACTION

- I, Charles L. Carson (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 6, 2025 Signature: 

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

Start and end dates of employment: Dec, 11, 2016 to PRESENT

Address: 749 Heitz Way

City: MERCED

State and Zip: CA, 95348

Phone: (209) 756-1327

Alternative Phone: _____

Email: CLCARSON2002@GMAIL.COM

Work Locations: U.S.P. ATWATER

Supervisor: N. EBER