

CONSENT TO JOIN COLLECTIVE ACTION

- I, Candy Ponimoi (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. *at no expense to me except for any recovery*
- Date: June 23, 2015 Signature: *Candy m P*

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

Start and end dates of employment: April 8, 2001 to April 30, 2028

Address: 89-065 Haleakala Avenue

City: Waianae

State and Zip: HI 96792

Phone: 808 783 9941

Alternative Phone: n/a

Email: cponimoi@gmail.com

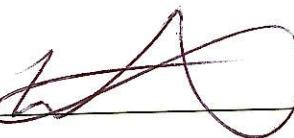
Work Locations: FDC Honolulu

Supervisor: Captain

CONSENT TO JOIN COLLECTIVE ACTION

- I, Wesley Whitaker (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: 

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

Start and end dates of employment: 8/29/99 to CURRENT

Address: 100 RIOBEDWOOD DR

City: PT OJINBY

State and Zip: WV 26719

Phone: 301-707-1796

Alternative Phone: _____

Email: WESLEYW@ATLANTICBB.NET

Work Locations: FCI CUMBERLAND

Supervisor: S. BROWN NW

CONSENT TO JOIN COLLECTIVE ACTION

- I, Charmetra Hamilton (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: 5/1/25 Signature: Charmetra Hamilton

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

Start and end dates of employment: 8/4/2014 to present

Address: 111 Pine Valley St

City: Huntsville

State and Zip: TX 77320

Phone: 936 661 2730

Alternative Phone: 936 400 0356

Email: Charmetra27@gmail.com

Work Locations: GEO (JDE Portia Detention Facility

Supervisor: Christina LDTT

CONSENT TO JOIN COLLECTIVE ACTION

- I, Robert Martinez (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: 7/6/2025 Signature: 

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

Start and end dates of employment: 2/25/2001 to 11/30/2022

Address: 411 M STREET

City: MERCEDES

State and Zip: CA 95341

Phone: (209) 291-8836

Alternative
Phone: _____

Email: RCMARTINEZ6699@yahoo.com

Work Locations: Tower 7, Housing Unit, MOBIL Patrol (Perimeter Patrol)

Supervisor: L.T. Viana, L.T. Martinez,

CONSENT TO JOIN COLLECTIVE ACTION

- I, Alexander C. Beach (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: 7/6/2025 Signature: 

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

Start and end dates of employment: 6-1-04 to 5-31-24

Address: 178 Rocky Rd.

City: Morganton

State and Zip: GA. 30560

Phone: 850-544-0193

Alternative Phone: 850-544-0191

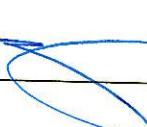
Email: alclib@yahoo.com

Work Locations: FCC Tallahassee / FCC Jepp

Supervisor: Jake Burkett, Captain

CONSENT TO JOIN COLLECTIVE ACTION

- I, Ma Xiong (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: July 1, 2025 Signature: Ma 

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

Start and end dates of employment: Dec 2, 2001 to Present

Address: 1867 Harnisch Court

City: Merced

State and Zip: Ca, 95341

Phone: (209) 777-7039

Alternative
Phone: _____

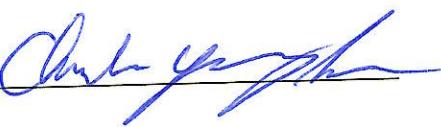
Email: Specialistbm_x@hotmail.com

Work Locations: USP Atwater

Supervisor: Jason Villagomery

CONSENT TO JOIN COLLECTIVE ACTION

- I, Charles Young 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: 7-3-2025 Signature: 

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

Start and end dates of employment: Sept 2010 to Present

Address: 1030 Adonis Ridge

City: Sistersville

State and Zip: WV 26175

Phone: 304 771 9454

Alternative
Phone: _____

Email: cmyoung@bdp.gov

Work Locations: FCI Gilmer

Supervisor: Warden Brown

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: 06-23-2025

Signature: 

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

Start and end dates of employment: 08-25-24 to PRESENT

Address: 86 Price Rd

City: Seabrook

State and Zip: WV 25917

Phone: 304-222-8418

Alternative
Phone: _____

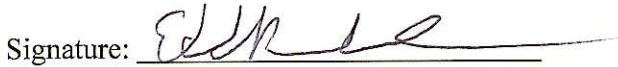
Email: Collinsworth_andrew@yahoo.com

Work Locations: Beckley FCI

Supervisor: Lt. Spradlin

CONSENT TO JOIN COLLECTIVE ACTION

- I, Eddrick B. Ford (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: 7-24-16 to Present

Address: 433 Wildberry Circle

City: Pearl

State and Zip: MS 39208

Phone: (61-278-4568

Alternative Phone: (01- 894- 4749

Email: EddrickFord@yahoo.com

Work Locations: FCC 49208 City

Supervisor: Captain Hampton

CONSENT TO JOIN COLLECTIVE ACTION

- I, DONNA HEARNS (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: 7-6-2025 Signature: Donna Hearn

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

Start and end dates of employment: 6-1999 to 12/31/21

Address: 3416 Niven Rd

City: Benton

State and Zip: MISSISSIPPI, 39039

Phone: 662-590-3415

Alternative
Phone: _____

Email: donna.hearns@yahoo.com

Work Locations: FCC Yazoo City MS

Supervisor: Captain Laron Brown

CONSENT TO JOIN COLLECTIVE ACTION

- I, Eddie Hearn (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: 07-01-2025 Signature: Eddie Hearn

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

Start and end dates of employment: 08 - 1999 to 12 - 2020

Address: 3466 Nivens Road

City: Benton

State and Zip: MS. 39039

Phone: (601) 201-9301

Alternative
Phone: None

Email: eddierry.hearns @ hotmail.com

Work Locations: None Low institution

Supervisor: None Lt. Woolery / Cpt. Brown

CONSENT TO JOIN COLLECTIVE ACTION

- I, Shawonna R. Kemp (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 27, 2025 Signature: Shawonna R. Kemp

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

Start and end dates of employment: June 20, 2010 to Present

Address: 93A Trotter Rd

City: Mound Bayou

State and Zip: MS 38762

Phone: 662-719-2944

Alternative
Phone: _____

Email: skemp4@yahoo.com SRKemp@Bop.gov

Work Locations: FCC Yazoo City, MS

Supervisor: Complex Captain L. Brown

CONSENT TO JOIN COLLECTIVE ACTION

- I, Janice Bass (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: Janice Bass

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

Start and end dates of employment: August 2008 to August 2022

Address: 104 Ashton Pl

City: Clinton, MS 39056

State and Zip: Mississippi 39056

Phone: 601-212-3593

Alternative Phone: 601-708-1116

Email: janicebass25@yahoo.com

Work Locations: Yazoo City, MS

Supervisor: Mr. McKenzie

CONSENT TO JOIN COLLECTIVE ACTION

- I, Conrad L. Chance Sr. (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: 07-01-2025 Signature: Conrad Lamont Chance Sr.

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

Start and end dates of employment: Jan,23 2005 to present

Address: 12901 Spring Branch Dr.

City: Laurinburg, NC

State and Zip: North Carolina 28352

Phone: 910 217-1268

Alternative
Phone: _____

Email: cchance156@gmail.com

Work Locations: FCI Bennettsville

Supervisor: SCSS Erica Brown

CONSENT TO JOIN COLLECTIVE ACTION

- I, Josiah Collier (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: 3-3-2019 to Present

Address: 1803 Killough Rd N-

City: Wynne

State and Zip: AL 72396

Phone: 870-318-6380

Alternative Phone: 870-318-1496

Email: Josiah2Collier@gmail.com

Work Locations: FCC Forrest City, AR

Supervisor: J. Jones,

CONSENT TO JOIN COLLECTIVE ACTION

- I, Marsha J. Mills (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: 7/4/2025 Signature: Marsha J. Mills

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

Start and end dates of employment: 10/12/2012 to Present

Address: 1400 Chestnut Street

City: Forrest City

State and Zip: AR

Phone: 870-317-8518

Alternative
Phone: _____

Email: M2mills@gmail.com

Work Locations: FCC Forrest City

Supervisor: Tammy Proctor - Recreation Dept.

CONSENT TO JOIN COLLECTIVE ACTION

- I, Holly White (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: Holly White

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

Start and end dates of employment: 11-13-2016 to 2-~~2025~~²⁰²¹

Address: Po Box 461

City: Forest City

State and Zip: Arkansas, 72336

Phone: 870-317-3881

Alternative Phone: 870-270-6917

Email: hollywhite9986@outlook.com

Work Locations: FCC Forest City

Supervisor: Lt Steve Bedford

CONSENT TO JOIN COLLECTIVE ACTION

- I, Britney Quinton White (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.

07/07/25

- Date: 07/07/25 Signature: Britney Quinton White

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

Start and end dates of employment: 09/16/07 to Present

Address: P. O. Box 461

City: Forrest City

State and Zip: AR, 72336

Phone: (870) 270-6917

Alternative Phone: (870) 317-3881

Email: quintonwhite@hotmail.com

Work Locations: FCC Forrest City, AR

Supervisor: Jeff Norris

CONSENT TO JOIN COLLECTIVE ACTION

- I, Monika Jones Webster (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: 6-19-25 Signature: 

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

Start and end dates of employment: 3-31-2019 to Current
 Address: 13240 Old Lake Road
 City: Olive Branch
 State and Zip: MS 38605-4
 Phone: (901) 602 1636
 Alternative Phone: " ms.monika@yahoo.com
 Email: m3webster@dp.gov
 Work Locations: FCI MEMPHIS
 Supervisor: J. Johnson

CONSENT TO JOIN COLLECTIVE ACTION

- I, Sheri English (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: Sheri English

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

Start and end dates of employment: July 2019 to 5 May 2020

Address: 1232 Beaver Trail Dr.

City: Cordova TN

State and Zip: Tennessee 38014

Phone: 901 568 9972

Alternative
Phone: _____

Email: Sherienglish @ymail.com

Work Locations: FCI - Memphis

Supervisor: Lt. Teal, Lt. Reed

CONSENT TO JOIN COLLECTIVE ACTION

- I, Janna Coates (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: 7-6-2025 Signature: Janna Coates

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

Start and end dates of employment: 2-21-1995 to 2-29-2020

Address: 8989 84th st

City: Noble

State and Zip: OK 73068

Phone: 405 760 - 7381

Alternative
Phone: _____

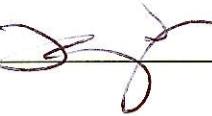
Email: ReeLemIn50@gmail.com

Work Locations: Inmate Systems / Correctional Services

Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Javier Carrizales (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: July 06, 2025 Signature: 

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

Start and end dates of employment: Sept. 1998 to Sept. 2023

Address: 8909 84715t

City: Nobles

State and Zip: OK. 73068

Phone: 405 496 2733

Alternative
Phone: _____

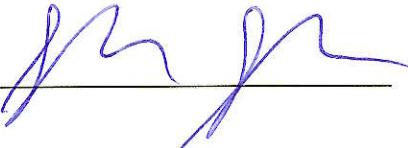
Email: mycrazycrew&@yahoo.com

Work Locations: Federal Transfer Center, Oklahoma City

Supervisor: Michael Hallmark

CONSENT TO JOIN COLLECTIVE ACTION

- I, Skyler Shilling (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: 7/3/2025 Signature: 

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

Start and end dates of employment: 10/16/2014 to 6/23/2019

Address: 110 Friar Tuck Dr.

City: Independence

State and Zip: KY 41051

→ Please
update
NOT 2790 Echo Valley

Phone: 606 261 3625

Alternative Phone: _____

Email: Skyler_Shilling @ outlook.com

Work Locations: USP McCreary

Supervisor: LT. Salmons

CONSENT TO JOIN COLLECTIVE ACTION

- I, MATTHEW H. WHITTINGTON (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: 01/06/2008 to CURRENT

Address: 1945 E. Sherwood Ter.

City: Mustang

State and Zip: OK 73064

Phone: 405-669-1854

Alternative Phone: 360 674-4370

Email: mwhittington1175@gmail.com

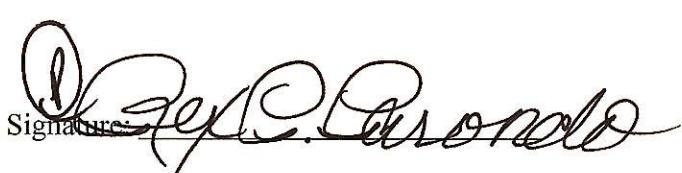
Work Locations: FDC SEATAC 01/08 - 08/13. FMC ROCHESTER 08/13 - 02/15 FCI EL RENO 02/15 TO CURRENT

Supervisor: SCSS FERTIG

CONSENT TO JOIN COLLECTIVE ACTION

- I, Rex P. Paredo (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: 7/5/25


Signature: Rex P. Paredo

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

Start and end dates of employment: 2/22/2004 to 11/04/23

Address: 36440 Barnymore Ct.

City: Las Vegas

State and Zip: NV 89129

Phone: 562-688-7564

Alternative
Phone:

Email: pdsontrm@gmail.com

Work Locations: FCI - Terminal Island

Supervisor: Leslie Gutierrez

CONSENT TO JOIN COLLECTIVE ACTION

- I, Daniel Hatfield (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: 7/2/25 Signature: Dan Hatfield

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

Start and end dates of employment: Feb 25, 2024 to currently employed

Address: 2129 S. Village Lane

City: Bolivar, MO 65613

State and Zip: MO 65613

Phone: 417-770-3546

Alternative Phone: _____

Email: _____

Work Locations: VSMCFP Springfield

Supervisor: Natasha Stanley, RN

CONSENT TO JOIN COLLECTIVE ACTION

- I, Ernest Becker (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: 7-4-25 Signature: Ernest Becker

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

Start and end dates of employment: Aug. 9th 2003 to Present

Address: 14127 Jicarilla AVE # 203

City: Apple Valley CA

State and Zip: CA 92307

Phone: 760 680 5660

Alternative Phone: SAME

Email: erndawg21@gmail.com

Work Locations: FCI Victorville

Supervisor: Marmelejo or Slayman

CONSENT TO JOIN COLLECTIVE ACTION

- I, Christopher Renteria (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, 2025 Signature: *Chris Renteria*

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

Start and end dates of employment: Oct 25, 2020 to Present

Address: 5040 W. 106th St

City: Inglewood

State and Zip: CA 90304

Phone: 310-462-1225

Alternative Phone: _____

Email: Christopher750@gmail.com

Work Locations: MDC Los Angeles, FCI Terminal Island

Supervisor: S. Bradford

CONSENT TO JOIN COLLECTIVE ACTION

- I, Regina A. Dugger (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: 7-2-2025 Signature: *Regina A. Dugger*

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

Start and end dates of employment: 8-2002 to 8-31-2022

Address: 6125 VARINA Point LANE

City: HENRICO

State and Zip: VA. 23231

Phone: 804-503-2293

Alternative Phone: _____

Email: goldn41@gmail.com

Work Locations: FCC Petersburg VA.

Supervisor: Cermonia

CONSENT TO JOIN COLLECTIVE ACTION

- I, Sandra McKnight (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: 7-5-25 Signature: Sandra McKnight

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

Start and end dates of employment: 10-2-05 to present

Address: 6105 Glenlivet Dr

City: S.Chesterfield, Va 23805

State and Zip: Va 23803

Phone: 804-722-6954

Alternative Phone: N/A

Email: sandra.mcknight.874@yahoo.com

Work Locations: 1000 River Rd

Supervisor: Amanda Phillips

CONSENT TO JOIN COLLECTIVE ACTION

- I, Joshua Feather (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: Joshua Feather

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

Start and end dates of employment: Feb 2, 2020 to present

Address: 11480 N Preston Hwy

City: Bruceton Mills

State and Zip: WV 26525

Phone: (304) 698-9604

Alternative Phone: (304) 441-1426

Email: jfeather@bop.gov goof81883@yahoo.com

Work Locations: FCC Hazelton

Supervisor: Cody Sivic

- I, Derrrell Pough (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: 7/05/05 to Present

Address: 235 Melrose Dr.

City: Jackson

State and Zip: MS. 39211

Phone: (601) 613-5542

Alternative Phone:

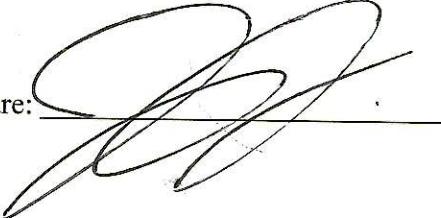
Email: dspough@rocketmail.com

Work Locations: FCC Yarrow City

Supervisor: L. Singleton, CMC

CONSENT TO JOIN COLLECTIVE ACTION

- I, Jamerson Jackson (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: 4/2/25 Signature: 

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

Start and end dates of employment: October 2020 to February 2021

Address: 3942 Iroquois Street

City: Baton Rouge

State and Zip: Louisiana 70805

Phone: (225) 377-3830

Alternative Phone: _____

Email: jamie.jack1179@gmail.com

Work Locations: Doblock, La

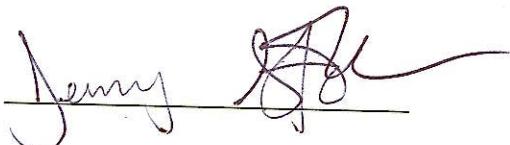
Supervisor: _____

CONSENT TO JOIN COLLECTIVE ACTION

- I, Jenny Stokes (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: 06-29-2025

Signature:



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

Start and end dates of employment: 09-22-2013 to Present

Address: 344 Decelle Street

City: Jackson

State and Zip: MS 39216

Phone: 601 - 201 - 8358

Alternative Phone: 601 - 366 - 4750

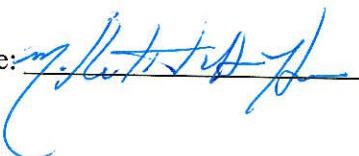
Email: jmsstokes@hop.gov

Work Locations: FCC Yazoo City

Supervisor: K. Burch

CONSENT TO JOIN COLLECTIVE ACTION

- I, M. Jenkins/H. Hause (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: 4/30/25 Signature: 

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

Start and end dates of employment: 9/8/13 to Present

Address: 158 Lake Dockay Dr.

City: Byram

State and Zip: MS 39212

Phone: 601 941-7703

Alternative Phone: _____

Email: mnhh23@icloud.com

Work Locations: Yazoo City, MS

Supervisor: J.L. Thompson

CONSENT TO JOIN COLLECTIVE ACTION

- I, Kristin O. Bailey (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: 7/3/2025 Signature: Kristin O. Bailey

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

Start and end dates of employment: February 4, 2018 to Present

Address: 1815 Old Dogwood

City: Jonesboro, GA

State and Zip: GA 30238

Phone: 470-754-2011

Alternative Phone: 678-542-5676

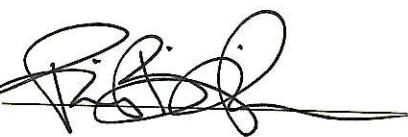
Email: Kobaily@bop.gov / K_bailey81@yahoo.com

Work Locations: FCC Yazoo City + FCI Atlanta

Supervisor: Bobby Crawford + Ray Coteman, Jr.

CONSENT TO JOIN COLLECTIVE ACTION

- I, PARISS BRIANNE PICHON (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: 07/07/2025 Signature 

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

Start and end dates of employment: March 2021 to August 2023

Address: 601 McDonough Blvd SE

City: Atlanta

State and Zip: Georgia 30315

Phone: (404) 625-5100

Alternative Phone: _____

Email: briannepichon@gmail.com

Work Locations: USP Atlanta

Supervisor: Antonio Brinson

CONSENT TO JOIN COLLECTIVE ACTION

- I, Michael Hernandez (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: 7/03/25 Signature: 

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

Start and end dates of employment: 4-09-2000 to Present

Address: 1422 W. Wentworth Rd.

City: Vail, AZ. 8

State and Zip: 85641

Phone: (520) 820-5137

Alternative Phone: _____

Email: m.lamher99@aol.com

Work Locations: UCC San Diego / FCI Sheridan / FCC Tucson

Supervisor: Chris Marlow

CONSENT TO JOIN COLLECTIVE ACTION

- I, Shannon Wahl (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 25, 2025 Signature: Shannon Wahl

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

Start and end dates of employment: 1-15-2012 to present

Address: 9300 Wilmot RD

City: Tucson

State and Zip: AZ, 85756

Phone: 520-663-5000

Alternative Phone: _____

Email: Screek@bop.gov

Work Locations: FCC Tucson

Supervisor: L. Ybarra

- 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: 6-22-2008 to Present

Address: 207 East 6th Street

City: Yazoo City

State and Zip: MISSISSIPPI

Phone: (662) 571-1863

Alternative Phone: (662) 571-4406

Email: stiffpeewee15@gmail.com

Work Locations: FCC Yazoo City ^① Low I ^② Low II ^③ (former Medium)

Supervisor: James March ^④ Medium (former USP)
Camp

- I, Kechastiff-Goston (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:

Kechastiff-Goston

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

Start and end dates of employment: 6-6-1999 to 3-31-2025

Address: 423 West 5th Street

City: Yazoo City

State and Zip: MISSISSIPPI

Phone: (662) 571-4406

Alternative Phone: (662) 746-4108

Email: Kechastiff21@yahoo.com

Work Locations: FCC Yazoo City Law II (Former Medium Institution)

Supervisor: Londreal Williamson

CONSENT TO JOIN COLLECTIVE ACTION

- I, Garrett Goodman (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: 6/30/25 Signature: 

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

Start and end dates of employment: 11/21/23 to Present.

Address: 3085 Shamrock St N.

City: Tallahassee

State and Zip: FL 32309

Phone: 850-294-1797

Alternative Phone:

Email: Garrett.C.Goodman@gmail.com

Work Locations: Tallahassee FCI / FDC

Supervisor: Bass

CONSENT TO JOIN COLLECTIVE ACTION

- I, Tasane Green (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: 6/28/2025 Signature: 

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

Start and end dates of employment: 01/02/2023 to 09/30/2024

Address: 98 Estates Rd

City: Pine Hill

State and Zip: NJ 08071

Phone: 347 582 4944

Alternative Phone: 856 479 3806

Email: Tasanegreen@yahoo.com

Work Locations: FMC Devens

Supervisor: Kenol , Hatchery

CONSENT TO JOIN COLLECTIVE ACTION

- I, Jenny Fancher (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: 7-4-25 Signature: Jenny Fancher

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

Start and end dates of employment: 11-17-05 to 4-18-05

Address: 2302 S. Carnegie Dr

City: Inverness

State and Zip: FL 34150

Phone: 352 8602636

Alternative
Phone: _____

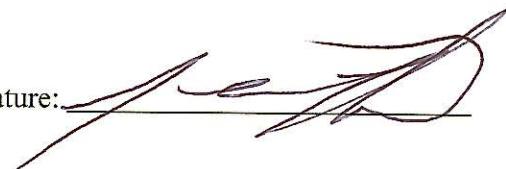
Email: _____

Work Locations: FCC Coleman

Supervisor: Capt. Taylor

CONSENT TO JOIN COLLECTIVE ACTION

- I, Thomas W. Hutcheson (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: July 1st 2025 Signature: 

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

Start and end dates of employment: July 24 1995 to July 24 2020

Address: 700 Polk Rd

City: Oulum

State and Zip: 6A- 31555

Phone: 912-221-1391

Alternative Phone: N/A

Email: tommyhutcheson71@gmail.com

Work Locations: FCI Jesup, GA

Supervisor: Chad Reed