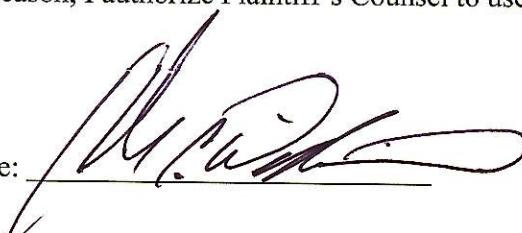


## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6/23/2025 Signature: 

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

Start and end dates of employment: 06/02/2002 to present

Address: 123 N. Third St

City: Drew

State and Zip: Mississippi 38737

Phone: 662-721-0290

Alternative Phone: 662-588-2169

Email: jcwilliams4343@gmail.com

Work Locations: Kazoo federal prison

Supervisor: Lt. Marsha L

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Diane M Anthony - Hampton (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
  
- Date: 6-21-2025 Signature: Diane Anthony - Hampton

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

Start and end dates of employment: May 23, 2010 to Present

Address: 562 Clinton Tinnin Rd

City: Clinton

State and Zip: Mississippi, 39056

Phone: 601-927-0903

Alternative Phone: 601-431-4340

Email: Rndanthony@yahoo.com

Work Locations: FCC Yazzoo City Law I

Supervisor: Deana Clark

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 6-21-2025 Signature: 

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

Start and end dates of employment: 02-06-2005 to Present

Address: 562 Clinton Tinnin Rd

City: Clinton

State and Zip: Mississippi, 39056

Phone: 601-431-4340

Alternative Phone: 662-714-1038

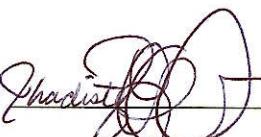
Email: Robert.Hampton2@usdoj.gov

Work Locations: FCC Yazoo Low II

Supervisor: Richard Canterbury  
Location: FCC Oakdale, Louisiana

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Madison Hickman (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, 2026 Signature: 

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

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

Address: 1504 Arcadia Lane

City: Brandon

State and Zip: MS 39042

Phone: 601-917-8326

Alternative Phone: 601-917-6644

Email: chickman9240@gmail.com

Work Locations: FCC Yazoo City Federal Prison

Supervisor: J. Berg

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Richard O. Martin (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: 21 June 25 Signature: 

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

Start and end dates of employment: Jan 31, 1999 to Dec 31, 2021

Address: 329 Francis Street

City: Jackson

State and Zip: MISSissippi 39206

Phone: 601 362 9271

Alternative Phone: 601 573 7348

Email: MR TNR C HRD 64 @ YahoO.com

Work Locations: FCC Yazoo City, MS

Supervisor: Lt. Stanley Harris

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Terence Dunn (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 20, 2025 Signature: Terence E. Dunn

**Information below this line will not be filed with the Court:**Start and end dates of employment: Nov. 2004 to PresentAddress: 2225 OLD FURNACE ROADCity: Ridgeley,State and Zip: WV. 26753Phone: 304-303-3668

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

Email: dunnsuzyterry@yahoo.comWork Locations: FCI CUMBERLANDSupervisor: R. RAKOWSKI

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Shanguilla S. Smith (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: 4/20/25 Signature: Shanguilla Smith

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

Start and end dates of employment: 07/10/2014 to Present

Address: 767 magnolia Pt Cir

City: Pearl

State and Zip: MS 39208

Phone: 915-926-6878

Alternative Phone: 834-782-10157

Email: Shanguilla.Smith@yahoo.com

Work Locations: FCC Yarwo City LowI, LowII, medium, Camp & USP.

Supervisor: Jeff Hinton

**CONSENT TO JOIN COLLECTIVE ACTION**

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

- Date: 6/21/2025 Signature: 

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

Start and end dates of employment: June 2013 to November 2021

Address: 804 Barrington Court

City: Brandon

State and Zip: MS 39042

Phone: 662-739-4474

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

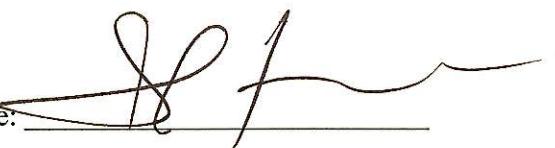
Email: Rabutler818@gmail.com

Work Locations: FCC YAZOO COMPLEX

Supervisor: \_\_\_\_\_

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Sandra D. Woods (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.

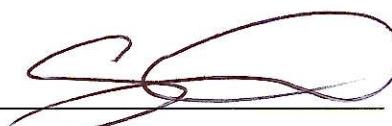
• Date: 6/23/2025 Signature: 

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

Start and end dates of employment:	<u>January 2006</u>	<u>Present</u>	<u>work</u>
Address:	<u>4042 Torrey Pines Dr</u>		<u>2225</u>
City:	<u>Byram, Miss. 39272</u>		<u>Haley Barlow</u>
State and Zip:	<u>Byram, Miss. 39272</u>		<u>Parkway</u>
Phone:	<u>662-716-1241 ext. 6743</u>		<u>Yazoo City</u>
Alternative Phone:	<u>601 850 7960</u>		<u>Miss-</u>
Email:	<u>Sandy.dee1@icloud.com</u>		<u>39129</u>
Work Locations:	<u>Yazoo City Medium</u>		
Supervisor:	<u>Trot. Gentry</u>		

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 6/21/25 Signature: 

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

Start and end dates of employment: 11/18/2012 to Present

Address: 5200 Highway 43 S

City: Kosciusko

State and Zip: MS 39090

Phone: (662) 633-8367

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

Email: 10fftoncorey@gmail.com

Work Locations: Yazoo City

Supervisor: \_\_\_\_\_

## CONSENT TO JOIN COLLECTIVE ACTION

- I, David P. Clayton (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: David P. Clayton

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

Start and end dates of employment: 9-13-98 to 12-31-2019

Address: P.O. Box 362

City: Yazoo City, MS

State and Zip: Mississippi 39194

Phone: (662) 590-6249

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

Email: dclaybon@yahoo.com

Work Locations: FCC Yazoo City

Supervisor: Lt. Hutchins

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Arthur Lee Rosse (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: May 27, 1997 to July 31, 2021

Address: 163 Ridgewood Rd.

City: Yazoo City,

State and Zip: Mississippi:

Phone: (601) 916-4505

Alternative Phone: N/A

Email: ArthurLee1@qol.com

Work Locations: FCC Yazoo City ms.

Supervisor: Stephen Turner (AP)

Stephen Turner

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Terrance Edwards (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: 06/27/25 Signature: Terrance Edwards

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

Start and end dates of employment: 02/27/2020 to Current

Address: 633 E Harrison St.

City: Rutherford

State and Zip: MS 38771

Phone: 662-714-8240

Alternative Phone: 662-714-9599

Email: terrance.edwards4@yahoo

Work Locations: FCC Yazzoo Law

Supervisor: LT. Warington

**CONSENT TO JOIN COLLECTIVE ACTION**

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

- Date: 6/21/2025 Signature: R. Taylor

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

Start and end dates of employment: 6/13/1998 to 6/28/2019

Address: 130 Minninger Blvd

City: MADISON

State and Zip: MS. 39110

Phone: 601-421-0583

Alternative Phone: 601-946-3126

Email: rfTaylor 24 @ Yahoo.com

Work Locations: yazzoo city MS.

Supervisor: Gene C. Woods

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 06/21/2025 Signature: Sharon D. Jordan

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

Start and end dates of employment: 02/27/2011 to Current

Address: 72 Harvey Circle

City: Canton

State and Zip: MS 39046

Phone: (662) 392-6258

Alternative Phone: (662) 716-1241 ext. 6527

Email: jjej0810@gmail.com

Work Locations: FCC Yazoo City Complex, Yazoo City, MS

Supervisor: Deguany Loft

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 4/23/25 Signature: Cr gr

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

Start and end dates of employment: 12/6/09 to Present

Address: 117 Kaden lane

City: Canton

State and Zip: Ms 39046

Phone: 601-906-7266

Alternative Phone: 662-392-3924

Email: clema.cooper@gmail.com

Work Locations: FCC Yazoo City, Yazoo City Ms

Supervisor: Lt. Cody Worrington

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Heather Davis Ables (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: Heather Davis Ables

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

Start and end dates of employment: August 19, 2007 to present

Address: 67 Alton Circle

City: Benton

State and Zip: MS 39039

Phone: 601-906-3051

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

Email: Heather.davis1172@gmail.com

Work Locations: FCC40200 City mobile patrol + housing units

Supervisor: William Tyler

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Shokoh Hopkins (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: 20 June 2025 Signature: 

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

Start and end dates of employment: 10/01/2018 to 06/24/2022

Address: 4208 Wild Plum Lane

City: Edmond

State and Zip: OK 73025

Phone: 405.412.7442

Alternative  
Phone:

Email: Shokohfe Cgmail.com

Work Locations: FTL - OKC

Supervisor: Shane Terrell

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6-23-25 Signature: 

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

Start and end dates of employment: 9-14-08 to Present

Address: 1501 QUAILLAKE WAY

City: MUSTANG

State and Zip: OKLAHOMA - 73064

Phone: 405-399-6012

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

Email: DTH16LKR@BOP.GOV

Work Locations: FCI EL RENDE

Supervisor: LT. LACY M 128

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Serena Duming (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: 4/20/2025 Signature: S.Duming/JP

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

Start and end dates of employment: 11/30/2014 to 3/6/2024

Address: 6639 CR 24

City: Colton

State and Zip: NY, 13425

Phone: 315-261-8818

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

Email: duming191@icloud.com

Work Locations: FCC Ray Brook

Supervisor: Angie Willett

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 6-21-25 Signature: 

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

Start and end dates of employment: 04-26-2020 to 3-26-2023

Address: Nilevo County Rd H

City: Lyndon Station

State and Zip: WI 53944

Phone: 608-350-7339

Alternative Phone: 608-352-1899

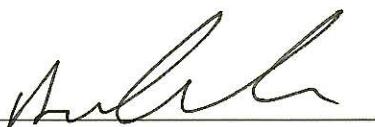
Email: sarge.kjv1601@gmail.com

Work Locations: Oxford WI

Supervisor: Jacob Denton

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Dustin Chambers (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 6-15-16 to Current

Address: N 7220 Atkinson Rd

City: Pewaukee

State and Zip: WI 53954

Phone: 608-566-9753

Alternative Phone: 608-512-3826

Email: dustin.chambers.1@gmail.com

Work Locations: Oxford WI

Supervisor: Tucker Harrison CMS

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6/20/2025 Signature: 

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

Start and end dates of employment: 10/1/1995 to 12/31/2020

Address: P. O. Box 188

City: GLENBEULAH

State and Zip: WISCONSIN 53023

Phone: 608/393-8216

Alternative Phone:

Email: kriem@chorus.net

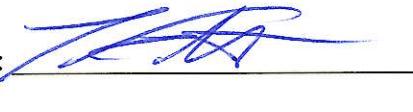
Work Locations: FCI OXFORD, WI

Supervisor:

I was a clinical psychologist. Drug Programs Coordinator (10/1/95 - 6/1/2017) and Chief, Psychology Services ( $\geq$  6/1/2017 - 12/31/2020). I was assigned to a variety of custodial posts, including mobile patrol, throughout my career but particularly during (OVER)

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6/21/2025 Signature: 

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

Start and end dates of employment: 8/21/2005 to Present

Address: 49 Brownlow Ave

City: Grafton WV 26354

State and Zip: WV 26354

Phone: 304 672 2682

Alternative Phone: N/A

Email: thnottwv@gmail.com

Work Locations: FCC Hazeletton

Supervisor: H.W. Carr

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Thomas Johnson (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: 24 June 2023 Signature: Thomas Johnson

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

Start and end dates of employment: Aug 2001 to July 2022

Address: 6409 MELACANO AVE

City: Spring Hill

State and Zip: FL 34608

Phone: 352 428 4881

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

Email: Tony34601@icloud.com

Work Locations: USP-1 COLEMAN FL.

Supervisor: CAPT. JONES

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 6/22/2025 Signature: *Kenneth Lockard*

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

Start and end dates of employment: 7/6/2019 to Present 6/22/25

Address: 655 Fairton Millville Rd

City: Fairton

State and Zip: New Jersey 08320

Phone: 856 453 4000

Alternative Phone: 856 453 4001

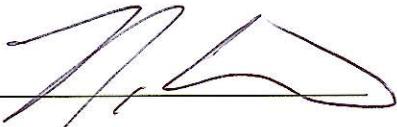
Email: k1lockard@bop.gov / klockard2020@gmail.com

Work Locations: FCI Fairton

Supervisor: Capt. Ashley Paradis

### CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6/23/25 Signature: 

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

Start and end dates of employment: Dec 1997 to Dec 2022

Address: 430 Deerfield Dr

City: Springsfield WV

State and Zip: 26763

Phone: 603 892 0368

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

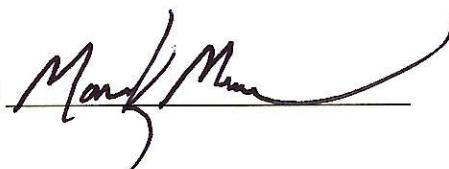
Email: nelson.elias7@gmail.com

Work Locations: FCI Fort Dix, FMC Devens, FCI Cumberland, FCI Hazelton

Supervisor: \_\_\_\_\_

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6-22-25 Signature: 

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

Start and end dates of employment: 7-14-13 to 5-20-23

Address: 1460 Lake Ontario Dr.

City: Trappe

State and Zip: Maryland 21673

Phone: 318-664-7355

Alternative Phone: 202-693-3034

Email: mannme13@gmail.com or mann.mark.e@dol.gov

Work Locations: FCC Oakdale, LA + FCI Waseca, MN

Supervisor: William Trull + Kelsey Prince

### CONSENT TO JOIN COLLECTIVE ACTION

- I, Nekya Smith (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: Nekya Smith

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

Start and end dates of employment: 08/11/2002 to 08/10/2024

Address: (New) 7809 Arbor Grove DR

City: Hanover

State and Zip: MD 21076

Phone: 78-219-4636

Alternative  
Phone:

Email: IMNIKKI76@gmail.com

Work Locations: Metropolitan Detention Center

Supervisor: Veronica Metzger

**CONSENT TO JOIN COLLECTIVE ACTION**

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

- Date: 06-20-2025 Signature: 

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

Start and end dates of employment: 09-13-1993 to 10-31-2019

Address: 135 Butternut Ln

City: Elysburg

State and Zip: PA 17824

Phone: 570-259-9956

Alternative Phone: 570-492-6408

Email: rcklavella@aol.com

Work Locations: FCI Allenwood

Supervisor: Kathy Peacock Lane

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Christopher M. Stoshack (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
  
- Date: 06/20/2025 Signature: Christopher M. Stoshack

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

Start and end dates of employment: 11-08-1998 to 12-30-2023

Address: 5343 Upper Road

City: Shamokin

State and Zip: PA 17872

Phone: 570-850-1010

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

Email: cstoshack@hotmail.com

Work Locations: FCI's Allenwood and Schuykill, and USP Canaan

Supervisor: Most recent Brian White, Captain

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6-23-25 Signature: 

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

Start and end dates of employment: 4-11-99 to 12-31-24

Address: 339 SHIPE RD

City: SUNBURG

State and Zip: PA 17801

Phone: 570 259-5690

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

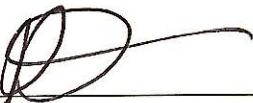
Email: GREGORY.RESE@ICLOUD.COM

Work Locations: USP LEWISBURG

Supervisor: B. SHIRK

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6-22-2025 Signature: 

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

Start and end dates of employment: 6-16-2002 to Aug 31 2024

Address: 605 CANAL ST

City: Lock Haven PA

State and Zip: PA 17745

Phone: 570-295-0938

Alternative Phone: 570 - 748 - 4911

Email: KTripp71@yahoo.com

Work Locations: Allenwood

Supervisor: Capt. Eric Klinefelter  
Dennis Getz

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 6/21/25 Signature: 

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

Start and end dates of employment: 4/9/2000 to 4/30/25 retired

Address: 176 McNutt Rd

City: Montgomery

State and Zip: PA 17752

Phone: 570-419-5810

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

Email: MJenkins-61@yahoo.com

Work Locations: USPA Allenwood & LSCI Allenwood

Supervisor: Eric Klinefelter, Andrew Cosentino

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Jayson Birdman (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: 1/27/1999 to present

Address: 88 Fawn Drive

City: New Columbia

State and Zip: PA 17856

Phone: (576) 337-0337

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

Email: jaybirdman37@gmail.com

Work Locations: USP Alkenwood

Supervisor: Tara Stackhouse, Unit Manager

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Heather Birdsall (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: Heather Birdsall

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

Start and end dates of employment: 4/11/1999 to 12/31/24

Address: 88 Fawn Drive

City: New Columbia

State and Zip: PA 17850

Phone: (570) 337-3829

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

Email: hmbirdsall@gmail.com

Work Locations: n/a

Supervisor: n/a

## CONSENT TO JOIN COLLECTIVE ACTION

- I, PATRICK FLAHERTY (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: P. Fl ahy

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

Start and end dates of employment: 3-17-96 to 10-31-20

Address: 218 N. ARCTIC ST.

City: MONTOURVILLE

State and Zip: PA. 17754

Phone: 570 220 2353

Alternative  
Phone:       

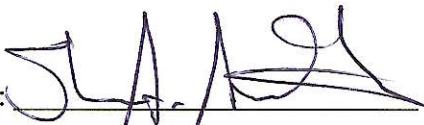
Email: pflaherty10@yahoo.com

Work Locations: USP. LEWIS BLDG.

Supervisor: SHIFT - LT-

## CONSENT TO JOIN COLLECTIVE ACTION

- I, SHAWN A. ANTHONY (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: 6/22/2023 Signature: 

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

Start and end dates of employment: 12/93 to 12/20

Address: 1119 BALDWIN STREET

City: WILLIAMSPORT

State and Zip: PA 17701

Phone: 570-651-3082

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

Email: SHAWNANTHONY1969@GMAIL.COM

Work Locations: VSP ALLENWOOD

Supervisor: \_\_\_\_\_

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Jeffrey R. Opperman (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: February 14, 1999 to April 13, 2023

Address: 250 Kerr Dr

City: Lewisburg

State and Zip: PA 17837

Phone: 215-378-3158

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

Email: jeff opperman @ymail.com

Work Locations: FCC Allenwood

Supervisor: Eric Klinefelter

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Rachael Thomas (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
- Date: 6/22/2025 Signature: Rachael Thomas

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

Start and end dates of employment: 10/20/2013 to Present

Address: 891 Swartz Road

City: Lewisburg

State and Zip: PA, 17837

Phone: (570) 837-9131

Alternative Phone: (570) 547-7950

Email: R1thomas@bop.gov

Work Locations: USP Lewisburg (2013-2019), LSCI Allenwood (2019-Present)

Supervisor: Jeffrey Vargeson, HKM

## CONSENT TO JOIN COLLECTIVE ACTION

John E. Wallace

- I, John E. Wallace (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: John E. Wallace

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

Start and end dates of employment: 6/2003 to 12/2023

Address: 115 N. 3rd St #1

City: Lewisburg, PA

State and Zip: PA 17037

Phone: 475.689.5630

Alternative Phone: N/A

Email: jep.wallace@icloud.com

Work Locations: JIX, VERO, LEO, BRO

Supervisor: Various

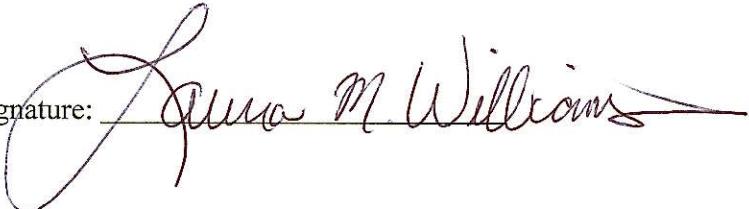
Allenwood Complex  
N.E. Regional Office  
USP Lewisburg  
MDC Brooklyn

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6/22/25

Signature:



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

Start and end dates of employment: 07/07/2019 to Present

Address: 411 Lockard Rd

City: Muncy

State and Zip: PA 17756

Phone: (570) 337-3728

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

Email: LKnaur@hotmail.com

Work Locations: FCC Allenwood (LSCI & FCI)

Supervisor: Dr. L. Dumas-Espinosa

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6/21/25 Signature: 

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

7/13/2013

Start and end dates of employment: (Redacted) to present

Address: 654 4th Ave

City: Williamsport PA

State and Zip: PA 17701

Phone: 717 437 6800

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

Email: \_\_\_\_\_

Work Locations: Allenwood FCT

Supervisor: Dr. Gaudreault

## CONSENT TO JOIN COLLECTIVE ACTION

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

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

Start and end dates of employment: 7-31-2012 to present

Address: 2406 Robert F Miller Drive

City: Lewisburg

State and Zip: Pennsylvania 17837

Phone: 570-523-1251

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

Email: lorsan101@yahoo.com

Work Locations: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: June 23 2025 Signature: 

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

Start and end dates of employment: 10-16-1994 to 1-31-20

Address: 1601 Marlin Parkway

City: Williamsport

State and Zip: PA 17701

Phone: 570 560 0895

Alternative Phone: 570 220 5808 (wife)

Email: c.bennett047@gmail.com

Work Locations: USP Allenwood

Supervisor: Lenny Ddo warden