

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Ryan Seasholtz (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: 7/10/2016 to Present

Address: 178 Woodside Cir

City: Jersey Shore, PA

State and Zip: PA 17740

Phone: 570 - 660 - 9167

Alternative Phone: N/A

Email: rseasholtz@gmail.com & rseasholtz@bop.gov

Work Locations: FCC Allenwood, USP/FCI/LSCI

Supervisor: Dustin Haupt LT, & Eric Kynefelter Captain

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Andrea Gavitt (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: Andrea Gavitt

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

Start and end dates of employment: 07/29/2001 to 12/31/2024

Address: 41 Deer View Rd

City: Unityville

State and Zip: PA, 17774

Phone: 570-560-2005

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

Email: Andreagavitt@yahoo.com

Work Locations: LSCI & USP Allenwood & Central Office

Supervisor: Eric Hoover

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Zachary Wenzel (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: 12-08-2019 to PresentAddress: 1605 Washington Ave.City: LewisburgState and Zip: PA 17837Phone: 570 490 3207Alternative Phone: 570 768 6818Email: Zachary.Wenzel@gmail.comWork Locations: USP AllenwoodSupervisor: Martin Winter

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Rikki L. Shade (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: 6/22/2024 Signature: Rikki Shade

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

Start and end dates of employment: 11/22/2009 to 04/09/2023

Address: 220 Frederick St

City: Flemington

State and Zip: PA 17745

Phone: 570-490-6909

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

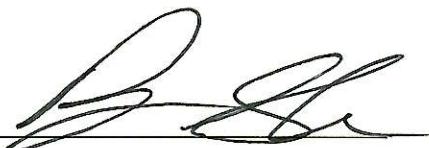
Email: rshade228@yahoo.com

Work Locations: USP Lewisburg, Lewisburg, PA

Supervisor: Jeremy Dressler

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Bryan Shade (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: June 1, 2004 to Present

Address: 220 Frederick St.

City: Flemington

State and Zip: P.A. 17745

Phone: 570-660-5114

Alternative Phone: 570-523-1251

Email: bryanshade89@icloud.com

Work Locations: USP Lewisburg

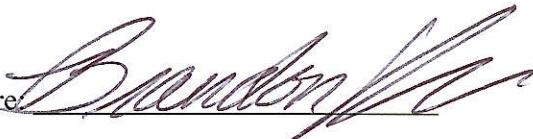
Supervisor: Branden Shirk

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Brandon Knarr (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: 03/23/2014 to Present

Address: 467 Fairground Rd.

City: Millmont

State and Zip: Pennsylvania 17845

Phone: 570-713-0766

Alternative  
Phone: N/A

Email: BrandonKnarr72@gmail.com

Work Locations: USP Allenwood + LSCI Allenwood

Supervisor: Administrative Lieutenant

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 06/21/25 Signature: 

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

Start and end dates of employment: 03/29/98 to Present

Address: 2302 Middle Rd.

City: Middleburg

State and Zip: PA 17842

Phone: 570 713-0786

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

Email: bassNducks@msn.com

Work Locations: USP Allenwood

Supervisor: Lt. Henry Reedy

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Rochelle 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: 6/23/25 Signature: 

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

Start and end dates of employment: 2-28-21 to present

Address: 16655 sw 45th cr

City: Ocala

State and Zip: FL 34473

Phone: 352-653-0962

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

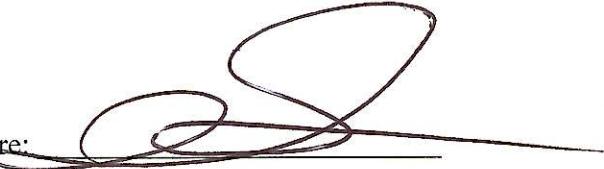
Email: Rochelle greenee @ yahoo.com

Work Locations: Fcc coleman

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

## CONSENT TO JOIN COLLECTIVE ACTION

- I, James 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: 06/20/2025 Signature: 

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

Start and end dates of employment: 05/15/2005 to 05/15/2025

Address: 4303 Old Cypress Mill Rd.

City: Brunswick

State and Zip: Georgia 31520

Phone: 843-864-6403

Alternative Phone: N/A

Email: james-chris71@yahoo.com

Work Locations: FCL Williamsburg / FCL Jesup

Supervisor: N/A

## CONSENT TO JOIN COLLECTIVE ACTION

- I, ERIC KASPERIAN (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: 4/30/06 to PRESENT 6/22/25

Address: 126 KASPERIAN LANE NE

City: Lindenhurst

State and Zip: GA 31316

Phone: (912) 237-3632

Alternative Phone: (912) 237-0125 spouse

Email: ERIC.KASPERIAN@GMAIL.COM

Work Locations: FCI JESUP

Supervisor: R. THOMPSON

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Youndia Randolph (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: youndia Randolph

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

Start and end dates of employment: 7/11/2004 to employed still

Address: 202 Barclay Lane

City: Hinesville

State and Zip: Georgia 31313

Phone: 843-244-1394

Alternative Phone: N/A

Email: youndia@yahoomail.com

Work Locations: FCI Jesup

Supervisor: Warden Heather Ray

## CONSENT TO JOIN COLLECTIVE ACTION

*Doug Shaw*

- I, *Doug Shaw* (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: *[Signature]*

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

Start and end dates of employment: *10/1995* to *6/2020*

Address: *#3060 Indian 5000 1/1*

City: *Tallahassee*

State and Zip: *F. 32311*

Phone: *3523037515*

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

Email: *#d1nshaw@gmail.com*

Work Locations: *Coleman Law / Coleman Fls.*

Supervisor: *T. Collie*

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Andrew R. Riley (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: 6/21/05 Signature: 

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

Start and end dates of employment: 5/91 to 2/21

Address: 1241 Holmesville Rd.

City: Jesup

State and Zip: GA 31545

Phone: 912-256-0149

Alternative Phone: N/A

Email: R.Brown 912@BellSouth.NET

Work Locations: FBI Schenectady / FBI Tallahassee / FBI Jesup

Supervisor: FBI Jesup Captain

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Donna L. Hutchings (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: Donna L. Hutchings

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

Start and end dates of employment: August 2005 to April 4, 2023

Address: 329 Marion Oaks Blvd Apt D1

City: Ocala,

State and Zip: Florida 34473

Phone: 352-220-9508

Alternative Phone: 352-220-9508

Email: dcelticdrmr@adl.com

Work Locations: Coleman, FL FCC Coleman USP 2

Supervisor: Cpt. Taylor

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Kristi Collins (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: Kristi Collins

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

Start and end dates of employment: 9/21/03 to present

Address: 164 Wentle Circle

City: Brunswick

State and Zip: GA 31525

Phone: 859-771-0014

Alternative Phone: 859-771-3566

Email: kristicollins71@yahoo.com

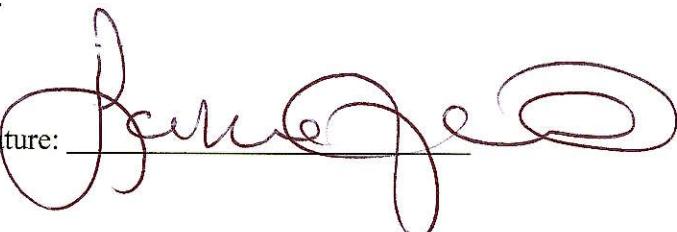
Work Locations: FMC Lexington, FCI Texarkana, FCC Forrest City, FMC Carswell,

Supervisor: Stanley Rush Staff Training Academy

### CONSENT TO JOIN COLLECTIVE ACTION

- I, Lakoe 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: 06/23/2025

Signature: 

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

Start and end dates of employment: Oct. 1995 to Present

Address: 1562 Post Plant Road

City: Quincy,

State and Zip: Fla. 32352

Phone: (850) 728 - 0979

Alternative  
Phone: Same AS ABOVE

Email: LakoeJ42@gmail.com

Work Locations: FCI/ FDC Tallahassee

Supervisor: Bryawn Davidsen (Current)  
<sub>Sup</sub>

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Michael P. McSherry (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: 10/30/2005 to 4/25/2022

Address: 1614 E. Ventnor Lane

City: Inverness FL 34453

State and Zip: FL 34453

Phone: 352 201-0841

Alternative  
Phone: 352 201-0842

Email: onesickmic@gmail.com

Work Locations: Low, med, USP1, USP2 - mobile

Supervisor: Lt Burns

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6/25/25 Signature: 

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

Start and end dates of employment: 8/11/13 to Present

Address: 840 NE 54th Ter

City: Wildwood

State and Zip: FL 34785

Phone: 352-689-7000

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

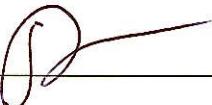
Email: Justin.Potts.219@Gmail

Work Locations: Coleman

Supervisor: D. Jones

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Stacy D Welden (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: 6/22/17 Signature: 

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

Start and end dates of employment: November 17, 2007 to July 26, 2017

Address: P O Box 484

City: Elizabeth

State and Zip: LA 70638

Phone: 318-452-0035

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

Email: stacy-welden@yahoo.com

Work Locations: FCC Deakins/FCC Lurck

Supervisor: Kayla Hodges

## CONSENT TO JOIN COLLECTIVE ACTION

- I, DARRYL Armstrong (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: Darryl Armstrong

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

Start and end dates of employment: JUL 10, 1994 to 12/31/2022

Address: 6001 W 11TH AVE

City: GARY

State and Zip: IN. 46406

Phone: 219 5880911

Alternative Phone: 219 977 8368

Email: Armstrongs1@gmail.com

Work Locations: ALL POSITS

Supervisor: LTS

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Derek Hodges (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: 06-19-2025 Signature: 

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

Start and end dates of employment: 12-05-2005 to Present

Address: 881 N Raymond Ave #7

City: Pasadena, CA

State and Zip: 91103

Phone: 626-399-9128

Alternative Phone: 626-399-8205

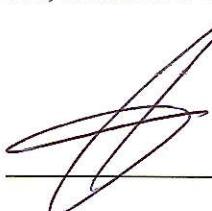
Email: hodgesd0215@gmail.com

Work Locations: MOC Los Angeles and FCC Victorville

Supervisor: Operations Lt. Reed

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Arthur Alexanyan (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: 03/25/2012 to current

Address: 535 N. Alameda St.

City: Los Angeles

State and Zip: CA 90012

Phone: (213) 485-6439

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

Email: Alexanyan@aol.com

Work Locations: WDC Los Angeles

Supervisor: J. Larios

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, EMMANUEL SALDEVAR (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: S. Saldevar

**Information below this line will not be filed with the Court:**Start and end dates of employment: JAN. 2000 to DEC. 31, 2019Address: 3620 SPENCER ST APT. 18City: TORRANCEState and Zip: CA. 90503Phone: 310-210-4333Alternative  
Phone: N/AEmail: N/AWork Locations: MOBILE PATROLSupervisor: LT. CALWILE/GRAYTON/ST. JOHN

### CONSENT TO JOIN COLLECTIVE ACTION

- I, KWANZA CARR (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: *Kwanza Carr*

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

Start and end dates of employment: 4-20-03 to 12-31-~~20~~24

Address: 2600-26200 FEATHERGRASS CIRCLE

City: LEESBURG, FL. 34748

State and Zip: FLORIDA

Phone: (352) 874-2257

Alternative Phone: SAME

Email: KwanzaCARR333@GMAIL.COM

Work Locations: LOW, MED, USP2, CAMP

Supervisor: WARDEN LOCKETT, WARDEN CHEATHAM

## 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: 06/21/2025 Signature: 

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

Start and end dates of employment: 03/24/2002 to Present

Address: 114 Clements St.

City: Carrollton

State and Zip: Alabama 35447

Phone: 817-683-5724

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

Email: Sandavilanueva@yahoo.com

Work Locations: FCL Aliceville, Alabama

Supervisor: N. Kaiser, Captain

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Tisha Gribble (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: 10-20-1991 to 4-30-2025

Address: 101 Charles street

City: Kingwood

State and Zip: WV 26537

Phone: 304-435-2401

Alternative  
Phone: 304-864-4065

Email: JGribble09@gmail.com

Work Locations: USP HAZELTON

Supervisor: Lt. Mathis

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Christopher Miers (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: 11/23/2007 to Present

Address: 564 Worth Ct.

City: Clinton

State and Zip: IA. 52732

Phone: 760-780-8893

Alternative Phone: 760-881-6738

Email: Miersfam@yahoo.com

Work Locations: FCC Victorville + FCI Thomson

Supervisor: Warden Brian Lammer

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 6-20-2025 Signature: 

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

Start and end dates of employment: 3-15-2010 to Present

Address: 2120 Gasper St

City: Dawson Park

State and Zip: Iowa 52804

Phone: 407-713-2178

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

Email: aaa1exander@Bop.Gov

Work Locations: Tucson AZ, Jesup GA, Thomson IL

Supervisor: Payne

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Chavez Boehmer-Diedrich (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: Chavez Boehmer-Diedrich

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

Start and end dates of employment: February 2022 to Present

Address: 3441 160th St.

City: Goose Lake

State and Zip: Iowa 52750

Phone: 563-271-5844

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

Email: Chavezboehmerdiedrich@gmail.com

Work Locations: FCI Thomson

Supervisor: Laurie Foster

**CONSENT TO JOIN COLLECTIVE ACTION**

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

- Date: 06/21/2025 Signature: 

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

Start and end dates of employment: 08/09/2015 to PRESENT

Address: 14563 NAVARRE ST.

City: GIBRALTAR

State and Zip: MICHIGAN, 48173

Phone: 734. 934. 5825

Alternative Phone: 734-642-6251

Email: LLANGMEYER@GMAIL.COM

Work Locations: FCI MILAN, MILAN, MI

Supervisor: JESSIE MCKAY

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Paul Ownbey (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: 22 June 2025 Signature: 

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

Start and end dates of employment: Dec 2012 to 2019

Address: FCC Tucson 9849 S Wilmet Rd 7686 E Majestic Palm Lane

City: Tucson

State and Zip: Arizona 85756

Phone: 520 574-7100

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

Email: NA

Work Locations: USP Medium Tow

Supervisor: LT

42 85756

520 396 3426

805 314 4419

proj26@yahoo.com

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Guadalupe Acosta (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: Guadalupe Acosta

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

Start and end dates of employment: 8-27-2015 to 6-20-2025 present.

Address: 955 Stratton Drive

City: Safford

State and Zip: AZ 85546

Phone: 575-545-2068

Alternative  
Phone: N/A

Email: gat7785@gmail.com

Work Locations: FCT Safford

Supervisor: Antony Romero

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Thomas Ketchmark (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: 6/25/23 Signature: Thomas Ketchmark

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

Start and end dates of employment: 3/30/97 to 12/30/23

Address: 8897 E ROSE TREE

City: TUCSON AZ

State and Zip: AZ 85730

Phone: 520-780-9469

Alternative Phone: n/a

Email: TKETCHMARK1967@GMAIL

Work Locations: RETIRED

Supervisor: n/a

**CONSENT TO JOIN COLLECTIVE ACTION**

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

- Date: 06/26/2025 Signature: 

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

Start and end dates of employment: Nov. 2015 to present

Address: 9849 S. Wilmet Rd

City: Tucson

State and Zip: AZ

Phone: 520-726-5000

Alternative Phone: 520-917-4300

Email: R.Bingham@BOP.GOV

Work Locations: FCC Tucson

Supervisor: Lt. Campbell

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Charles Holt (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: 11/27/16 to current

Address: 3430 NE 182nd Ave Williston FL

City: Williston

State and Zip: FL 32696

Phone: 352 427-4958

Alternative  
Phone: N/A

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

Work Locations: Coleman FL

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

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Andrew Weissmiller (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: *Andy Weiss*

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

Start and end dates of employment: 9-22-2013 to Present

Address: 7700 N Steele Dr

City: TUCSON

State and Zip: AZ, 85743

Phone: 520-561-6116

Alternative Phone: 520-551-3603

Email: Andyfwz1@gmail.com

Work Locations: TUCSON AZ 9300 S Wilmot Rd TUCSON AZ 85756

Supervisor: Pavi Clark, Andrew Vasilik

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Kenneth W 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: 6/27/25 Signature: Ward S

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

Start and end dates of employment: Aug 2015 to Present

Address: 37967 N 45th Ave

City: Phoenix

State and Zip: AZ 85046

Phone: 623 465 2257

Alternative Phone: 928-925-2103

Email: 1625Smith@BOP.gov

Work Locations: FCC Safford & FCC Phoenix

Supervisor: Robert Shanks

## CONSENT TO JOIN COLLECTIVE ACTION

- I, KEVIN KASPAR (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: 09-27-09 to 12-31-23

Address: 110 PINE RIDGE DR.

City: BASTROP

State and Zip: TX 78602

Phone: 512-931-1796

Alternative Phone: 512-303-3000

Email: KEVIN.KASPAR74@HOTMAIL.COM

Work Locations: FCI BASTROP

Supervisor: DAVID BUSTER

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 6-25-25 Signature: 

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

Start and end dates of employment: 8-7-16 to Present

Address: 2835 Shields Ave

City: Terre Haute

State and Zip: IN 47802

Phone: (612) 201-9645

Alternative Phone:

Email: Dasiver1982@gmail.com

Work Locations: FCC Terre Haute

Supervisor: Lt Rob

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, William Taggs (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: WL Taggs

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

Start and end dates of employment: 07-12-2015 to present

Address: 2218 Kingman ST

City: Leavenworth

State and Zip: KS 66048

Phone: 913 683-5058

Alternative  
Phone: 913 683-2802

Email: billtaggs@yahoo.com

Work Locations: USP Leavenworth, KS

Supervisor: Trust Fund

## CONSENT TO JOIN COLLECTIVE ACTION

- I, PAUL R. BETSINGER (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: 09-18-1995 to 12-31-2019

Address: 401 11th Ave NE

City: FARIBAULT, MN

State and Zip: MINNESOTA 55021

Phone: 507-461-0365

Alternative Phone: 507-461-1166

Email: BETSINGERP@gmail.com

Work Locations: FCI-WASECA + FCI-PHOENIX

Supervisor: DAN CLORE + STEVE VALVASORI

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 6-26-2025 Signature: *Kenny Rosario*

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

Start and end dates of employment: 3-05-95 to 9-30-22

Address: 9080 Lime Bay Blvd Apt #108

City: Tamarac FL

State and Zip: FL 33321

Phone: (305) 496-6552

Alternative Phone: (305) 496-6552

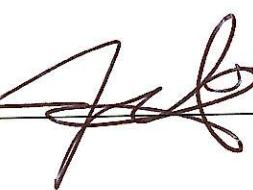
Email: mejito 881@gmail.com

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

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

## CONSENT TO JOIN COLLECTIVE ACTION

- I, JOSEPH N. TESTANI (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: 11/2015 to 7/2023

Address: 188 School ST

City: KANE

State and Zip: PA 16735

Phone: 607-382-6657

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

Email: jtestani41@gmail.com

Work Locations: FCC HAZELTON / FCI McKean

Supervisor: CHARLES BOVA

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Abiona Rozier (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: 7.19.2020 to present

Address: 932 Boyd Ln

City: Augusta

State and Zip: GA 30901

Phone: 706 951 031

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

Email: Abiona.Rozier@gmail.com

Work Locations: Federal Correctional Institution Edgefield

Supervisor: C Smith or T. Beaves

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Krista Stevens (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: Krista Stevens

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

Start and end dates of employment: 11/27/05 to Present

Address: 79 Swan Pond Rd

City: Wiley Ford

State and Zip: West Virginia 26767

Phone: 301-707-9485

Alternative  
Phone: Same

Email: Ksterens1972@gmail.com

Work Locations: Cumberland, MD 21502

Supervisor: Capt. Rakowski