

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 6/27/25 Signature: 

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

Start and end dates of employment: 12/6/2021 to present

Address: 1126 Joshua Tree Way

City: Lexington

State and Zip: SC 29073

Phone: (216) 889-7134

Alternative  
Phone:

Email: Leigh09@email.franklin.edu

Work Locations: FCI Edgefield

Supervisor: Lt. Reaves

## CONSENT TO JOIN COLLECTIVE ACTION

- I, J. Mobley (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
- Date: 7-8-2025 Signature: J. Mobley

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

Start and end dates of employment: 9-25- 2010 to 8-24-2024

Address: 189 WALLACE ROAD APT A-014

City: NASHVILLE

State and Zip: TN 37211

Phone: (347) 366 - 0733

Alternative  
Phone:

Email: JMOBLEY357@YAHOO.COM

Work Locations: MCC New York; MDC Brooklyn; FCI Benettsville  
FCI Edgefield

Supervisor:

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 7-5-25 Signature: 

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

Start and end dates of employment: 10-21-2001 to 10-21-2020

Address: 115 Shadwood Dr

City: Church Hill

State and Zip: TN 37642

Phone: 423-765-5090

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

Email: earl.sprinkle@rocketmail.com

Work Locations: USP LEE

Supervisor: Mike Ratkey

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7-5-2025 Signature: *David W. Shields*

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

Start and end dates of employment: 06-01-2003 to Present

Address: 16501 Gilman Road

City: Leavenworth

State and Zip: KANSAS 66048

Phone: 913-775-2233

Alternative  
Phone: N/A

Email: Hawkeye3760@gmail.com

Work Locations: USP LEAVENWORTH

Supervisor: CPT. HART

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, David L. Rogers (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: 06/22/2025 Signature: 

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

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

Address: 19 Mill Street

City: New Milford

State and Zip: CT 06776

Phone: 203 - 512 - 5837

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

Email: d.srogers@bop.gov

Work Locations: FCI Danbury

Supervisor: Capt. T. Smith | Ms. K. Win

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Kevin Koote (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: 12/09/2018 to 4/23/2022

Address: 11 Carbin Road

City: East Haven

State and Zip: CT 06512

Phone: 203-710-2524

Alternative  
Phone: N/A

Email: KKOOTE@gmail.com

Work Locations: FCI Danbury Connecticut

Supervisor: David Peterson

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Wallace Maynard (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
  - I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
  - I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
  - I agree to be represented by Counsel for the named Plaintiff.
  - If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
- Date: 7-7-25 Signature: Wallace Maynard

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

Start and end dates of employment: 12-15-1999 to 5-31-2025

Address: 237 Egeria Rd

City: ODD

State and Zip: WV 25902

Phone: (304)890 2604

Alternative Phone: (304) 575 - 3045

Email: maynardwallace770@gmail.com

Work Locations: FCI Beckley

Supervisor: Captain Metzger

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 7-1-25 Signature: D. S. Nichols

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

Start and end dates of employment: 9-21-2003 to 12-31-2024

Address: 686 moore Br

City: Inez

State and Zip: Ky, 41224

Phone: 606-606-5073

Alternative  
Phone: 606-606-5074

Email: nichols 1435@suddenlink.net

Work Locations: USP Big Sandy Inez, Ky

Supervisor: Captain B. Mullins

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Joseph F. Alogna (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.

7-5-2025

Date: 1-3-1999 Signature: 7-18-2020

**Information below this line will not be filed with the Court:**Start and end dates of employment: 1-3-1999 to 12-18-2020Address: Po Box 876City: HONESDALEState and Zip: PA. 18431Phone: 570 251 1284Alternative Phone: 570 251 1283Email: jalogna1234@gmail.comWork Locations: ALLIWOOD USP, CANADA USOSupervisor: WARDEN BRADLEY

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7/6/2025 Signature: 

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

Start and end dates of employment: 07/12/2015 to PRESENT

Address: 301 WEST 3RD STREET

City: DELAWARE

State and Zip: IL, 61734

Phone: 541 510 4551

Alternative Phone: 716 307 0105

Email: dx.hollis@bop.gov

K 07/22 - present FBI PEKIN

Work Locations: FCI PEKIN 2600 S 2nd ST PEKIN IL 61554

"FBI PEKIN"

Supervisor: CAPTAIN MZLLER /

K 01/19 - 09/20 FCC TUCSON

LT. RIVERA

"FCC TUCSON"

9849 S WILMOT RD

TUCSON AZ 85756

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Billy Robinson (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: 06-20-25 Signature: Billy Robinson

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

Start and end dates of employment: 01-22-1995 to 12-30-2023

Address: 86 Aege Springs Rd

City: Manchester

State and Zip: Ky 40962

Phone: 606-594-0194

Alternative Phone: 606 - 813-6524

Email: BxRobinson55@yahoo.com

Work Locations: FCI Manchester

Supervisor: Capt Re: d

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 7-6-2025 Signature: Gerald Perkins

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

Start and end dates of employment: 9-24-2000 to 12-31-2020

Address: 28695 County Farm Rd

City: PUEBLO

State and Zip: CO 81006

Phone: 719-251-6828

Alternative Phone: 719-252-8307

Email: snakebite67@msn.com/jtperkins067@gmail.com

Work Locations: ADX/FCC FLORENCE, CO

Supervisor: Andre Matevossian

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Kazimierz Maniak (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: Kazimierz Maniak

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

Start and end dates of employment: October - 24 - 1999 to March - 31 - 2022

Address: E 9797 Buckhorn Rd.

City: Reedsburg WI

State and Zip: WI 53959

Phone: 608-408-6259

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

Email: kazmaniak69@gmail.com

Work Locations: FCI Oxford WI

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

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Joshua Greeson (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
  - I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
  - I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
  - I agree to be represented by Counsel for the named Plaintiff.
  - If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
- Date: 6-30-25 Signature: Joshua Greeson

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

Start and end dates of employment: 6-15-14 to Present

Address: 844 Broadway St.

City: West Liberty

State and Zip: Kentucky, 41472

Phone: 606-359-2946

Alternative Phone: 606-359-4232

Email: jgreeson@bop.gov

1197 Airport Rd.

Work Locations: United States Penitentiary Big Sandy, Inez, Ky, 41224

Supervisor: David Brewer

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 7-1-25 Signature: VLB

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

Start and end dates of employment: 11-6-11 to 6-18-25

Address: W13302 County Road C

City: Hancock

State and Zip: WI 54943

Phone: (608) 301 6486

Alternative Phone:

Email: VLB7801@gmail.com

Work Locations: FCI Oxford Oxford WI

Supervisor: Capt Moose

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 6/23/25 Signature: 

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

Start and end dates of employment: 11/25/2007 to present

Address: 1010 Columbia ave

City: Merced

State and Zip: CA 95340

Phone: (209)596-6927

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

Email: bmoles82@gmail.com

Work Locations: USP Atwater

Supervisor: Jason Villagomez

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 7/1/25 Signature: 

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

Start and end dates of employment: 12-09-09 to Present

Address: 2001 Ficus Street

City: Mascotte

State and Zip: FL 34753

Phone: (321) 422-2012

Alternative Phone: (321) 442-6705

Email: juliosalado@gmail.com

Work Locations: FCC Coleman

Supervisor: I. Rhodes

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 7/1/25 Signature: Daisy Beniquez

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

Start and end dates of employment: 7/19/2009 to Present

Address: 2001 Ficus Street

City: Mascotte

State and Zip: FL, 34753

Phone: (321) 442-6705

Alternative  
Phone: (321) 422-2012

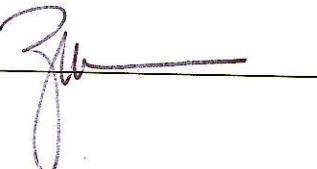
Email: dbeniquez@live.com

Work Locations: FCC Coleman

Supervisor: L. Wilson

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 6/30/2025 Signature: 

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

Start and end dates of employment: 2/10/2002 to Current

Address: 74 Monroe Street

City: Oakville

State and Zip: CT 06779

Phone: 959-213-4150

Alternative Phone: 203-312-5451

Email: drbelica② belpca@bop.gov

Work Locations: Route 37, Danbury CT 06810

Supervisor: Michael Stone

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Joan 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: 7/9/25 Signature: 

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

Start and end dates of employment: May 2015 to Present

Address: 4266 Summerton Drive

City: Byram

State and Zip: MS 39272

Phone: 601 201 4840

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

Email: joan.taylor 39154@gmail.com

Work Locations: Yazoo City

Supervisor: J. Paxton

**CONSENT TO JOIN COLLECTIVE ACTION**

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

- Date: 7-3-2015 Signature: 

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

Start and end dates of employment: 5-11-2011 to                   

Address: 509 Swinney St

City: Ridgeland

State and Zip: MS. 39137

Phone: 850-272-2555

Alternative Phone: 850-272-4167

Email: dannysylvestr@yahoo.com

Work Locations: FCI Yazzoo City

Supervisor: J. Paxton

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: 6/28/20 Signature: Lamp Bell

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

Start and end dates of employment: January 23, 2005 to June 30, 2025

Address: 108 Trace Point PI

City: Clinton

State and Zip: MISSISSIPPI 3905

Phone: 601-503-4820

Alternative  
Phone:

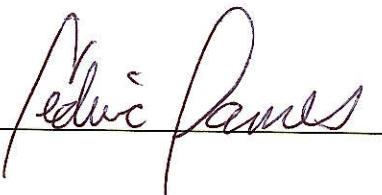
Email: NIECYBELL86@gmail.com

Work Locations: FCC Y9200 City

Supervisor: Dawnya Ivey

**CONSENT TO JOIN COLLECTIVE ACTION**

- I, Cedric L James (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 24, 2025 Signature: 

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

Start and end dates of employment: Oct 14, 2007 to present

Address: 1728 Barnwell St

City: Yazoo City

State and Zip: MS 39194

Phone: 662 571 9539

Alternative Phone: 1

Email: nolaryder@yahoo.com

Work Locations: FCC Yazoo City USP

Supervisor: James March

### CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7-04-2025 Signature: 

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

Start and end dates of employment: 8-17-2008 to Present  
 Address: 2343 West Clubview Circle  
 City: Yazoo City  
 State and Zip: MS 39194  
 Phone: 662 - 571-4184  
 Alternative Phone: 662 - 751-4800 Ext 4220  
 Email: hawkins1972angela@gmail.com  
 Work Locations: ECC Yazoo City Low (Mail Room)  
 Supervisor: Darrell Pough

**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: 7/3/2025 Signature: Caroline Normo

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

Start and end dates of employment: 3/06/2005 to Date

Address: 1182 still meadow DR (1182)

City: Creedmoor

State and Zip: NC 27522

Phone: 919-412-5371

Alternative Phone: 919-575-3900 ext 5642

Email: Kuning@gmail.com

Work Locations: Butcher FMC

Supervisor: Elkerson

**CONSENT TO JOIN COLLECTIVE ACTION**

*Cheryldene Cook Chavis*

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

• Date: 7/5/2025 Signature: *Cheryldene Cook Chavis*

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

Start and end dates of employment: 11/9/1996 to 8/15/2020

Address: P.O. Box 637

City: Wake Forest

State and Zip: NC 27588

Phone: 252-767-2218

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

Email: ccookchavis@yahoo.com

Work Locations: FCC Butner Complex

Supervisor: All Lieutenants @ the FCI & the LSCI

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Darryl King (print name), consent to join the lawsuit seeking damages for unpaid wages under the Fair Labor Standards Act.
- I am similarly situated to the named Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff and Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, and I designate the named Plaintiff to make decisions on my behalf concerning the litigation, including negotiating a resolution of my claims and entering into a fee agreement with Plaintiff's Counsel, and I understand that I will be bound by such decisions.
- I agree to be represented by Counsel for the named Plaintiff.
- If my consent form is stricken for any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate or related action.
- Date: 6/30/25 Signature: Darryl King

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

Start and end dates of employment: 3/20/2020 to 2/20/2021

Address: 4808 NE 18th Place Oklahoma City, OK 73117

City: Oklahoma City

State and Zip: OK 73117

Phone: 352-219-3802

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

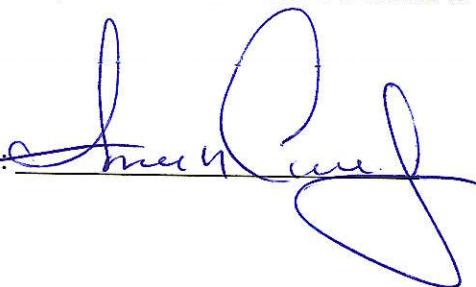
Email: Marcenius88@gmail.com

Work Locations: FCC Wheimer

Supervisor: Nicole Ceele, Lt. Gross

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7-7-2025 Signature: 

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

Start and end dates of employment: July 9 1995 to July 31, 2020

Address: 10445 SILVER MAPLE AVE

City: OXFORD FL 34484

State and Zip: FL -

Phone: 352 - 207 - 4350

Alternative Phone:

Email: acurbeloir@gmail.com

Work Locations: O.P. Perimeter Patrol

Supervisor: Capt Bravins

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 7/6/2025 Signature: Vondria Trull

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

Start and end dates of employment: 05/98 to 6/2025

Address: 4347 Cool View Drive

City: Tallahassee

State and Zip: Florida 32307

Phone: 850-797-5428

Alternative Phone: 850-510-2380

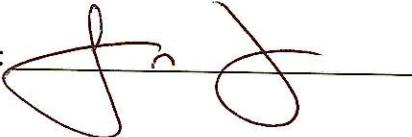
Email: Vondriatru1@gmail.com

Work Locations: FCI Tallahassee

Supervisor: Ronald Proffit

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7-5-2025 Signature: 

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

Start and end dates of employment: 10-1-1995 to 12-31-2021

Address: 23150 Eagles Watch Dr.

City: Land O' Lakes

State and Zip: FL 34639

Phone: 813-956-4774

Alternative Phone: 813-456-7949

Email: JoseJuan26@gmail.com

Work Locations: FCC Coleman

Supervisor: Different Supervisors

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7/6/25 Signature: 

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

Start and end dates of employment: 12/7/97 to 12/31/2020

Address: 307 Sugar Maple ST.

City: Selinsgrove

State and Zip: PA . 17870

Phone: 570 869 2564

Alternative Phone:       

Email:       

Work Locations: FCI Allenwood

Supervisor:

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: July 7, 2025 Signature: 

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

Start and end dates of employment: January 23, 2005 to January 31, 2025

Address: 1503 Sandra Circle

City: Pleasanton

State and Zip: Texas 78064

Phone: 530-249-5236

Alternative Phone: 530-249-5236

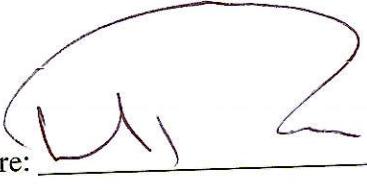
Email: southernbelle1009@icloud.com

Work Locations: FCI Herlong, FCI Three Rivers

Supervisor: Nancy Simpson, Jeffry Eikes

### CONSENT TO JOIN COLLECTIVE ACTION

- I, Michael J. Ross (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: 3 July 2025 Signature: 

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

Start and end dates of employment: 3/2000 to 7/2021

Address: 4121 Ballard Ln

City: Robstown, TX

State and Zip: TX 78380

Phone: 361 563 1040

Alternative Phone: 361 443 1542

Email: mross78410@gmail.com

Work Locations: FCI Three Rivers

Supervisor: Nate Fomby

### CONSENT TO JOIN COLLECTIVE ACTION

Dwayne Mason

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

Date: July 7 2025 Signature: Dwayne Mason

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

Start and end dates of employment: 1988 to 2020 to 2020

Address: 32 MARY AVE

City: FORDS

State and Zip: N.J. 08863

Phone: 646 709 - 0514

Alternative Phone: 347 998 - 4803

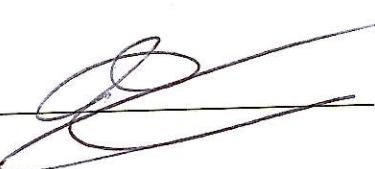
Email: DwayneMason2@gmail.com

Work Locations: Retired.

Supervisor: Retired.

## CONSENT TO JOIN COLLECTIVE ACTION

- I, RALPH STUBBS (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: MARCH 5<sup>TH</sup>, 1995 to DECEMBER 31, 2023

Address: 10831 OFFIEY AVE

City: DOWNEY

State and Zip: CALIFORNIA 90241

Phone: 562 477 -1536

Alternative Phone: N/A

Email: BUFFALOBALLIN@YAHOO.COM

Work Locations: TERMINAL ISLAND FEDERAL CORRECTIONAL INSTITUTION

Supervisor: LT. MICHAEL ROWE

## CONSENT TO JOIN COLLECTIVE ACTION

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

- Date: 07-07-2025 Signature: M. Godlewski

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

Start and end dates of employment: 06/19/2019 to 09/09/2023

Address: 111 GROVE STREET

City: MORRISVILLE

State and Zip: PA 19067

Phone: (609) 977-0938

Alternative Phone: (609) 858-8214

Email: MICHAELGODLEWSKI45@YAHOO.COM

Work Locations: FCI FT. DIX, FORT DIX, NJ

Supervisor: Multiple Differnt Supv.

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7/5/25 Signature: *Kimberly Boatner*

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

Start and end dates of employment: 11/7/99 to 11/30/2019

Address: 15435 Trumball Manor Dr

City: Humble

State and Zip: TX 77346

Phone: 832-594 3088

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

Email: inkthespot@yahoo.com

Work Locations: FDC Houston

Supervisor: Varies

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Levetta Duncan (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: Levetta Duncan

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

Start and end dates of employment: 06/2001 to 06/2021

Address: 1200 Texas Ave.

City: Houston

State and Zip: Texas 77002

Phone: 713 - 221 - 5400

Alternative Phone: 832 - 398 - 6495

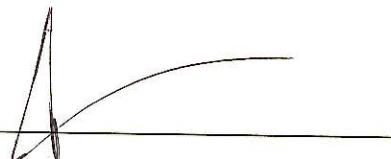
Email: Foxy 1999@yahoo.com

Work Locations: FDC Houston

Supervisor: Lt. ANDREY Thomas

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 5/26/25 Signature: 

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

Start and end dates of employment: 2/1/08 to 3/1/22

Address: 5250 ELRINGTON VALLEY LN

City: PORTER

State and Zip: TX 77365

Phone: 925 250 2390

Alternative Phone: N/A

Email: JLACUDERA@GMAIL.COM

Work Locations: FCL DUBLIN

Supervisor: LT. TEO DOSIO

\* SORRY FOR THE BOLD, PEG DIED

**CONSENT TO JOIN COLLECTIVE ACTION**

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

• Date: June 23, 2025 Signature: 

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

Start and end dates of employment: June 06, 1999 to Present

Address: 112 Lower Peanut Run

City: Waltersburg

State and Zip: PA 15488

Phone: 724-812-9222

Alternative  
Phone: 724-317-2760 (wife)

Email: popielcheck@yahoo.com

Work Locations: USP Allentown, FCC Hazelton

Supervisor: LT. K. Carr.

## CONSENT TO JOIN COLLECTIVE ACTION

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

• Date: 7/3/2025 Signature: BK

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

Start and end dates of employment: 3/24/13 to 4/19/25

Address: 710 Brushy Fork Rd

City: Catlettsburg,

State and Zip: Ky 41129

Phone: 606 547 7986

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

Email: braykeeling52@gmail.com

Work Locations: FCI Hazelton / FCI Adelanto

Supervisor: Sunny Silva

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Shawn Romberg (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: 6/25/2025 Signature: 

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

Start and end dates of employment: 7/7/19 - to 6/5/21

Address: 415 Ord St.

City: Salisbury

State and Zip: PA 15558

Phone: 814 233 8834

Alternative Phone: N/A

Email: Shawn8834@gmail.com

Work Locations: Hazleton FLC Bruceton Mills W.V.

Supervisor: Brian Antonelli

**TO JOIN COLLECTIVE ACTION**

- I, Cotton M. D. under the Fair Labor Standards Act, Plaintiff in this matter because I performed similar duties and did not receive
- I am similarly situated to Plaintiff in this matter because I performed similar duties and did not receive wages for all hours worked.
- I authorize the named Plaintiff's Counsel to file and prosecute the above-referenced matter in my name, and on my behalf, to make decisions on my behalf concerning the litigation, including the 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 Plaintiff's Counsel for the named Plaintiff.
- If my consent form is rejected or any reason, I authorize Plaintiff's Counsel to use this consent form to file my claim in a separate action.
- Date: 07/07/21 Signature: Cotton M. D.

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

Start and end dates of employment: January 31, 2021 to Present

Address: 4 Breakiron Hill Rd

City: Morgantown

State and Zip: West Virginia 26508

Phone: (304) 777-6907

Alternative Phone: dulcole2002@gmail.com

Email: FCC Hazelton

Work Locations: C. Frisk

Supervisor:

# CONSENT TO JOIN COLLECTIVE ACTION

- I, JAN TUPPES (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: 09/09/2025 Signature: 

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

Start and end dates of employment: MAY 2000 to PRESNT

Address: P.O BOX 521

City: GARDEN CA

State and Zip: CA 90248

Phone: (310) 4013-4614

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

Email: JTUPPES@BUP.GOV

Work Locations: TERMINAL ISLAND

Supervisor: Ryan Hill

## CONSENT TO JOIN COLLECTIVE ACTION

- I, Nathan 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: 6/28/25 Signature: 

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

Start and end dates of employment: June 16 2002 to Present

Address: 200 Apple Lane

City: Anne

State and Zip: IL 62906

Phone: 618-697-0357

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

Email: Nxbennett@gmail.com

Work Locations: USP, FCI Marion

Supervisor: Capt Sorrenti