

IAB USE ONLY	Institution/Parole Region: _____ Log #: _____	Category: _____
FOR STAFF USE ONLY		

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): _____	CDC Number: _____	Unit/Cell Number: _____	Assignment: _____
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A. Continuation of CDCR 602, Section A only (Explain your issue) : _____

Inmate/Parolee Signature: _____ **Date Submitted:** _____

STAFF USE ONLY

B. Continuation of CDCR 602, Section B only (Action requested): _____

Inmate/Parolee Signature: _____ **Date Submitted:** _____
