

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

This is a group appeal signature attachment sheet. Attach it to your group CDCR 602. You are to legibly print your name, number, assignment and housing, then sign and date the form. By signing, you are agreeing to the issue and action requested; and you acknowledge that this appeal counts towards the allowable number of appeals in the period in which it is filed.

**PRIMARY APPELLANT**

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

Name (Last, First):	CDC Number:	Assignment:	Unit/Cell #	Signature	Date
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**A. Summarize the specific issue that you are appealing as identified in the attached CDCR 602:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Summarize the action requested:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** I, the undersigned, agree that the facts presented in this appeal are true. I agree with the issue presented and I am requesting the action indicated. In the event the Primary Appellant transfers or elects to withdraw from the appeal, I understand that I may become the primary appellant for purposes of processing the group appeal.

CDC Number	Name	Assignment	Unit/Cell #	Signature	Date

**STAFF USE ONLY**