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☐ No, I have not att	ached any supporting documents.	Reason :		L.
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Inmate/Parolee Sign	eature:	Date Submit	ted: <u>09-26-2016</u>	S
By placin	ng my initials in this box, I	waive my right to receive a	n interview.	
C. First Level - Staff This appeal has been Bypassed at the F Rejected (See atta Cancelled (See at Accepted at the Fi	n: irst Level of Review. Go to Section ached letter for instruction) Date: _ tached letter) Date:	Staff - Ch	eck One: Is CDCR 602-A Attac	
Assigned to:		Title:	_ Date Assigned:	Date Due:
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STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03/12)		DEPARTMENT	OF CORRECTION	NS AND REHAB	Silitat:
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Attach this form to the CDCR 602, only if more space is nee Appeal is subject to rejection if one row of text per line is excee		CR 602-A may be used.	ack or blue ink		
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A. Continuation of CDCR 602, Section A only (Explain your Isa	sue): The U.S.C	onstitutions fin	57	7 23 77	25
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B. Continuation of CDCR 602, Section B only (Action requi		me, I want
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