

**Administrative Remedy Procedure  
EXTENSION FORM**

---

**TO:** \_\_\_\_\_, Inmate Name and CL Number  
\_\_\_\_\_ Facility

---

---

Under the provisions of COMAR 12.02.28, the \_\_\_\_\_ is permitted one  
Warden/ Commissioner  
extension of 15 calendar days to respond to a request for administrative remedy. Please be advised that  
the permitted extension is required in order to respond properly to your \_\_\_\_\_.  
Request or Appeal  
The new due date for response is \_\_\_\_\_.  
Date

\_\_\_\_\_  
Warden/Commissioner or Facility/Headquarters Coordinator

\_\_\_\_\_  
Date