

Administrative Remedy Procedure EXTENSION FORM

TO: _____ Inmate Name

_____ CL Number

_____ Facility

Under the provisions of COMAR 12.02.28, the Warden/Commissioner _____ is permitted one 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