

**REQUEST TO SUBMIT A MISCONDUCT/GRIEVANCE
APPEAL OUT OF TIME**

Facility _____ Is this a resubmittal? _____ yes _____ no

Inmate's PRINTED Name/ODOC Number _____

Misconduct Appeal _____ OR Grievance Appeal Number _____

PRIOR TO SUBMISSION OF A "REQUEST to SUBMIT a MISCONDUCT/GRIEVANCE APPEAL OUT of TIME," THE APPEAL WILL BE DENIED BY THE FACILITY HEAD/DISTRICT SUPERVISOR AND/OR THE ADMINISTRATIVE REVIEW AUTHORITY AS OUT of TIME.

DO NOT ATTACH THE MISCONDUCT APPEAL, GRIEVANCE, OR ANY OTHER ITEM TO THIS REQUEST.

Date denied as untimely by facility head/administrator _____

Date denied as untimely by Administrative Review Authority _____

You will prove by substantial evidence that the appeal was not submitted in a timely manner through no fault of your own. State reason below (You may use the back of the form):

I understand that I will be charged \$2 to submit this request to the Administrative Review Authority and that this form is also a request for disbursement of funds from my trust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become available. If approved, no fee will be assessed.

Inmate's Signature/ODOC Number

Date

Request denied Request approved

Your appeal has not been declared out of time by this office, therefore, your request to file an appeal out of time is premature.

Director's Designee

Date

If approved, the inmate may resubmit the appeal as specified in OP-060125 or OP-090124, as applicable.

DOC 060125T (R 10/23)