

**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 MUST BE DENIED BY THE FACILITY HEAD/DISTRICT SUPERVISOR AND 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 must 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.

\_\_\_\_\_  
Agency Director or Designee

\_\_\_\_\_  
Date

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

DOC 060125T (R 01/22)