

**MARYLAND DIVISION OF CORRECTION
ADMINISTRATIVE REMEDY PROCEDURE LIMITATION REQUEST**

(Instructions for completing this form are on the back of Page 2)

TO: Commissioner of Correction

FROM: _____
Warden

Institution

PART A – INMATE INFORMATION

Last Name	First Name	Middle Initial	DOC Number	Institution
Housing Location				
Protective Custody <input type="checkbox"/> Administrative Segregation <input type="checkbox"/> Disciplinary Segregation <input type="checkbox"/>				

PART B – INMATE ADMINISTRATIVE REMEDY HISTORY

1. # of Administrative Remedy Requests Filed at _____ (Institution) During the Last Six Months: _____
2. # of Meritorious Administrative Remedy Requests at _____ (Institution) During the Last Six Months: _____
3. # of Frivolous/Malicious Administrative Remedy Requests filed at _____ (Institution) During the Last Six Months: _____

PART C – SPECIFIC REASONS TO LIMIT INMATE’S ADMINISTRATIVE REMEDY REQUESTS

I recommend limiting the inmate to filing _____ Administrative Remedy Requests per month for _____ months.

Date

Signature of Warden/Assistant Warden

PART D – COMMISSIONER REVIEW AND COMMENTS

- Approved**
- Disapproved**

COMMENTS:

Date

Signature of Commissioner /Assistant Commissioner

C: ARP Coordinator

Instructions for Completing Administrative Remedy Procedure Limitation Request, DOC Form 185-002aR

1. Use a computer or typewriter.
2. Complete the “From” section by adding warden’s name and the institution.
3. Complete Part A by listing inmate information to include: Name, DOC Number, Institution, Housing Location, Housing Status (Protective Custody, Administrative Segregation, Disciplinary Segregation).
4. Complete Part B by listing the inmate’s administrative remedy history to include:
 - a. Number of administrative remedy requests filed at (Institution) during the last six months;
 - b. Number of meritorious administrative remedy requests at (institution) during the last six months; and
 - c. Number of frivolous/ malicious administrative remedy requests filed at (institution) during the last six months
5. The warden must complete Part C by listing:
 - a. Specific reasons for limiting the inmate’s administrative remedy requests.
 - b. Designating the limitation time period and the number of ARPs the inmate is limited for during the time period.
6. Warden shall sign and date Part C.
7. Commissioner of Correction/ designee shall review the form and complete Part D by approving or disapproving the request, providing comments and signing and dating Part D.
8. The completed form shall be returned to the warden.