



State of New Jersey
DEPARTMENT OF CORRECTIONS
COUNTY CORRECTIONAL FACILITY
REQUEST FOR RULE EXEMPTION

FORM 911-31
Rev. April 2024
N.J.A.C. 10A:31-1.8
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Date of Request: Adult County Correctional Facility:

Name of Preparer/Inmate: Inmate SBI #:

Citation of the rule affected **N.J.A.C. 10A:**

Describe in detail how the practice deviates from the rule:

Explain instances when strict compliance with the affected rule would result in undue hardship, an inability to meet a therapeutic, rehabilitative or medical need and/or a security risk:

Source of Funds (if applicable):

For DOC use only

Adult County Correctional Facility Administrator Recommending the Rule Exemption:

Printed Name Signature Date

County Services: Approved Denied Recommended for up to: 2 years 5 years

Printed Name Signature Date

Deputy Commissioner or Assistant Commissioner Division of Operations: Approved Denied

Printed Name Signature Date

Assistant Commissioner Diversity and Legal Affairs: Approved Denied

Printed Name Signature Date

Chief of Staff: Approved Denied

Printed Name Signature Date

Commissioner Approved Denied

Printed Name Signature Date