State of New Jersey
DEPARTMENT OF CORRECTIONS
Adult County Correctional Facility
Request For Rule Exemption

FORM 31-100
Revised 9/23/20
NJAC 10A:31-1.8
Page of

Date of Request:

Adult County Correctional Facility Choose or Type Name

Name of Administrator

Citation of N.J.A.C. 10A Rule affected:

Describe in detail how the practice deviates from the N.J.A.C. 10A Rule:

Justification for requested Rule Exemption: Pursuant to N.J.A.C. 10A:31-1.5(c), 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:

All rule exemptions expire one year from the date of approval by the Commissioner. Is this a request for an extension?

☐ Yes, attached is a copy of the original rule exemption granted by the Commissioner.

☐ No, this is not an extension request.

Adult County Correctional Facility Administrator

Printed Name | Signature | Date

For DOC use only

◯ Recommend ◯ Do Not Recommend Supervisor, Office of County Services

Printed Name | Signature | Date

◯ Recommend ◯ Do Not Recommend Assistant Commissioner, Division of Programs and Community Services

Printed Name | Signature | Date

◯ Recommend ◯ Do Not Recommend Chief of Staff

Printed Name | Signature | Date

◯ Recommend ◯ Do Not Recommend Assistant Commissioner, Office of Legal Affairs

Printed Name | Signature | Date

◯ Approved ◯ Denied Commissioner

Printed Name | Signature | Date