State of New Jersey
DEPARTMENT OF CORRECTIONS

FORM 34-100
Revised 9/23/20
NJAC 10A:34-2.2(d)

Municipal Detention Facility
Request For Rule Exemption

Date of Request:

Municipal Detention Facility:

County:

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 statement for the requested Rule Exemption: Pursuant to N.J.A.C. 10A:34-2.2(d), explain instances when strict compliance with the affected rule would result in undue hardship to the overall management of the Municipal Detention Facility:

◯ Yes ◯ No Attached is a copy of the original rule exemption granted by the Commissioner.

Chief, Municipal Detention Facility

Printed Name	Signature	Date

For DOC use only

Rule exemption recommend for: ☐ up to 1 year ☐ up to 2 years ☐ up to 5 years

☐ 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