



State of New Jersey
DEPARTMENT OF CORRECTIONS

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