State of New Jersey
DEPARTMENT OF CORRECTIONS

FORM 31-100
Rev. 09/2026
N.J.A.C
10A:31-1.5, et seq.
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COUNTY CORRECTIONAL FACILITY
REQUEST FOR RULE EXEMPTION

Date of Request: _____ Adult County Correctional Facility: _____

Name and Title of Preparer/Inmate: _____ Inmate SBI #: _____

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

Describe in detail how your request 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 to the overall management, safe or orderly operation of an adult county correctional facility: _____

_____

Source of Funds (if applicable): _____

☐ Initial Request ☐ Request for Rule Exemption Extension ☐ Date of Original Request (*if applicable*) _____

Adult County Correctional Facility Administrator Requesting the Rule Exemption:

_____ _____ _____
Printed Name Signature Date

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County Services: ☐ Rule Exemption Recommended for 1 year ☐ Not Recommended

_____ _____ _____
Printed Name Signature Date

Deputy Commissioner or Designee Division of Operations:

☐ Recommended ☐ Not Recommended

_____ _____ _____
Printed Name Signature Date

Assistant Commissioner Division of Legal Services: ☐ Recommended ☐ Not Recommended

_____ _____ _____
Printed Name Signature Date

Chief of Staff: ☐ Recommended ☐ Not Recommended

_____ _____ _____
Printed Name Signature Date

Commissioner: ☐ Approved ☐ Denied

_____ _____ _____
Printed Name Signature Date

Comments: _____