State of New Jersey
DEPARTMENT OF CORRECTIONS

FORM 31-100A
Rev. 09/2026
N.J.A.C 10A:34-2.2

MUNICIPAL DETENTION FACILITY
REQUEST FOR RULE EXEMPTION

Date of Request: _____ Municipal Facility: _____

Name and Title of Preparer: _____ County : _____

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

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 municipal detention facility: _____

_____

Source of Funds (if applicable): _____

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

Municipal Facility Chief or Designee Requesting the Rule Exemption:

_____ Printed Name _____ Signature _____ Date

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County Services: ☐ Rule Exemption Recommended for 2 years ☐ 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: _____