



State of New Jersey
DEPARTMENT OF CORRECTIONS

FORM 34-100
Revised 3/2015
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 Director, 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 Deputy Commissioner
Printed Name Signature Date
[ ] Recommend [ ] Do Not Recommend Director, Office of Legal Affairs
Printed Name Signature Date
[ ] Approved [ ] Denied Commissioner
Printed Name Signature Date