



State of New Jersey
DEPARTMENT OF CORRECTIONS

FORM 911-34
Rev. Sept 2023
N.J.A.C. 10A:34-2.2(d)

Page 1 of 1

Municipal Detention Facility
Rule Exemption Request

Date of Request:

Municipal Facility:

BUa Y'cZDfYdUFyf#ba UHY. inmate SBI #:

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

Describe in detail how the practice 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:

Source of Funds (if applicable):

Municipal Detention Facility Administrator Recommending the Rule Exemption:

Printed Name

Signature

Date

For DOC use only

County Services: ☐ Recommended ☐ Not Recommended Rule exemption recommend for: ☐ 2 years ☐ 5 years

Printed Name

Signature

Date

Assistant Commissioner Division of Operations, or Designee: ☐ Recommended ☐ Not Recommended

Printed Name

Signature

Date

Deputy Commissioner: ☐ Recommended ☐ Not Recommended

Printed Name

Signature

Date

Assistant Commissioner Diversity and Legal Affairs: ☐ Recommended ☐ Not Recommended

Printed Name

Signature

Date

Chief of Staff: ☐ Recommended ☐ Not Recommended

Printed Name

Signature

Date

Commissioner ☐ Recommended ☐ Not Recommended

Printed Name

Signature

Date