State of New Jersey

DEPARTMENT OF CORRECTIONS

FORM 31-100
Revised 3/2015
NJAC 10A:31-1.8

Adult County Correctional Facility
Request For Rule Exemption

Date of Request: _____

Adult County Correctional Facility _____

Name of Administrator _____

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 for requested Rule Exemption: Pursuant to N.J.A.C. 10A:31-1.5(c), 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:

_____

All rule exemptions expire one year from the date of approval by the Commissioner. Is this a request for an extention?

☐ Yes, attached is a copy of the original rule exemption granted by the Commissioner.

☐ No, this is not an extension request.

Adult County Correctional Facility Administrator

Printed Name _____ **Signature** _____ Date _____

☐ 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 _____