



State of New Jersey
DEPARTMENT OF CORRECTIONS
COUNTY CORRECTIONAL FACILITY
REQUEST FOR RULE EXEMPTION

FORM 911-31
Rev. Sept. 2023
N.J.A.C. 10A:31-1.8
Page of

Date of Request:

Adult County Correctional Facility

Name of Inmate:(if applicable)

Inmate SBI #:

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

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):

Adult County Correctional Facility Administrator Recommending the Rule Exemption:

Printed Name

Signature

Date

For DOC use only County Services: ☐ Recommend ☐ Do Not Recommend

Recommended for up to: ☐ 2 years ☐ 5 years

Printed Name

Signature

Date

Assistant Commissioner Division of Operations, or Designee: ☐ Recommend ☐ Do Not Recommend

Printed Name

Signature

Date

Deputy Commissioner: ☐ Recommend ☐ Do Not Recommend

Printed Name

Signature

Date

Assistant Commissioner Diversity and Legal Affairs: ☐ Recommend ☐ Do Not Recommend

Printed Name

Signature

Date

Chief of Staff: ☐ Approved ☐ Denied

Printed Name

Signature

Date

Commissioner ☐ Approved ☐ Denied

Printed Name

Signature

Date