

State of New Jersey DEPARTMENT OF CORRECTIONS

FORM 911-34 Rev. April 2024 N.J.A.C. 10A:34-2.2(d) Page 1 of 1

Municipal Detention Facility Rule Exemption Request

Date of Request:			Munici	ipal Facility:					
Name of Preparer/Ir	nmate:				Inmate SBI #:				
Citation of N.J.A.C. 10	A Rule af	fected:							
Describe in detail how	the pract	ice 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:	Appro	ved [Denied		Rule exer	mption recomme	end for:	2 years	5 years
Printed Name				Signature					Date
Deputy Commissione	er or Ass	istant Comn	nissioner Di	vision of Op	erations:	Approved		Denied	
Printed Name				Signature				. —	Pate
Assistant Commissio	ner Dive	rsity and Le	egal Affairs:			Approved		Denied	
Printed Name				Signature					Date
Chief of Staff:						Approved		Denied	
Printed Name				Signature				D	Pate
Commissioner						Approved		Denied	
Printed Name				Signature				D	ate