



**Commission of
Correction**

**New York State
Commission of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12205
518-485-2465
518-485-2467 (Fax)**

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: _____

Person requesting: _____

(Sheriff/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: _____ Section: _____ Subdivision: _____

- B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)

D. Provide the amount of time for which the variance is requested, if applicable:

Days _____ Weeks _____ Months

E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

(Page _____ of _____)

G. Has this variance been previously approved by the Commission?

Yes _____ If yes, include the variance number _____ No _____

Signature (Sheriff) (Chief Administrative Officer)

Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov . *Click on Table of Contents, Commission Forms, Request for a Variance* (Formal application statement).

(SCOC Form #VA-CJ-1)
(09/2018)