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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Attorney Name | | |  | | | |  | | |
| NJ Attorney ID Number | | | | |  | |  | | |
| Address |  | | | | | |  | | |
|  |  | | | | | |  | | |
| Telephone Number | | | |  | | |  | | |
| Attorney for | | State of New Jersey/Defendant | | | | |  | | |
|  | | | | | | |  | | |
|  | | | | | | | **Superior Court of New Jersey** | | |
|  | | | | | | | **Law Division – Criminal Part** | | |
| **State of New Jersey** | | | | | | | **- Select County -** | **County** | |
| Plaintiff, | | | | | | | **Indictment Number:** | |  |
| v. | | | | | |  | **Criminal Action**  Order Discharging the Defendant  on Pretrial Release From the Care and Custody of the Commissioner of Health | | |
|  | | | | | | |
| Defendant. | | | | | | |

**THIS COURT** having found that the defendant has regained his/her fitness to proceed to trial [or has been determined to be fit to stand trial] and that the defendant is not dangerous to self, others, or property as a result of mental illness,

It is on the day of - Select Month -, 20 **ORDERED** that:

1. The defendant shall be discharged from the care and custody of the Commissioner of Health to await trial, and
2. **IT IS FURTHER ORDERED** [any additional conditions as ordered by the court]
3. The next court date for this matter shall be .

**A copy of this Order will be forwarded to the County Adjuster’s Office by the Clerk of the Court within two (2) days of its signing.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  |  | | | | |
| Date | | | | |  | Judge | | | | |
| **Prosecutor’s Office:** | | | | | **Defendant’s Attorney:** | | | | | |
| Name | |  | | | Name | | |  | | |
| Address | | |  | | Address | | | |  | |
|  | | |  | |  | | | |  | |
| Telephone Number | | | |  | Telephone Number | | | | |  |
| Fax |  | | | | Fax | |  | | | |
| Email | |  | | | Email | | |  | | |

Interpreter needed?  Yes  No If yes, language

ADA accommodation needed?  Yes  No If yes, describe