|  |  |  |
| --- | --- | --- |
| 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 Mandating the Transfer of Defendant From the Care and Custody of the Commissioner of Health to the  Correctional Facility |
|   |
| Defendant. |

**THIS COURT** having found that the defendant has regained his 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 transferred to the Correctional Facility to await a [detention hearing/trial], and
2. **IT IS FURTHER ORDERED** [any additional conditions as ordered by the court]
3. The next hearing in this matter will be held on .

**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.**

|  |  |  |
| --- | --- | --- |
|   |  |   |
| 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