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| Attorney Name | | |  | | | |  | | |
| NJ Attorney ID Number | | | | |  | |  | | |
| Address |  | | | | | |  | | |
|  |  | | | | | |  | | |
| Telephone Number | | | |  | | |  | | |
| Attorney for | | State of New Jersey/Defendant | | | | |  | | |
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|  | | | | | | | **Superior Court of New Jersey** | | |
|  | | | | | | | **Law Division – Criminal Part** | | |
| **State of New Jersey** | | | | | | | **- Select County -** | **County** | |
| Plaintiff, | | | | | | | **Indictment Number:** | |  |
| v. | | | | | |  | Order Extending the Time Period for Evaluating the Defendant's Fitness to Proceed to Trial and of Defendant's Dangerousness to Self, Others or Property as a Result of Mental Illness | | |
|  | | | | | | |
| Defendant. | | | | | | |

**HAVING FOUND** cause to question defendant's fitness to proceed to trial; and having ordered the defendant into the care and custody of the Commissioner of the Department of Human Services pursuant to N.J.S.A. 2C:4-Sa for a period of confinement up to 30 days after admission to an appropriate institution; and having ordered that the defendant undergo an examination of and consensual treatment for any psychiatric condition; and having ordered the professional staff to provide this court and counsel identified below with its evaluation of the defendant's fitness to proceed to trial and of the defendant's dangerousness to self, others or property as a result of mental illness; and for good cause shown, it is hereby ordered pursuant to N.J.S.A. 2C:4-5a(2) that this court's previous order of confinement be extended for 15 days; and

**IT IS FURTHER ORDERED** that the defendant shall not be administratively discharged by the institution without further order of this court; and

**IT IS FURTHER ORDERED** [Any additional conditions as ordered by the court]     
     
   

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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