|  |  |  |
| --- | --- | --- |
| 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. |  | Order Mandating Observation and Treatment of Defendant Who has Refused to Cooperate with the Court-Ordered Evaluation of His Fitness to Stand Trial and His Dangerousness to Self, Others or Property |
|   |
| Defendant. |

**HAVING FOUND** that defendant has been unwilling to cooperate with a psychiatric examination of his fitness to proceed to trial, the defendant is hereby ordered pursuant to N.J.S.A. 2C:4-5c into the care and custody of the Commissioner of the Department of Human Services for a period of confinement up to 30 days after admission to an appropriate institution where the defendant shall undergo observation and consensual treatment, when professionally determined to be clinically appropriate, in order to attempt to determine defendant's fitness to proceed to trial and defendant's dangerousness to himself or others as a result of mental illness; and

**IT IS FURTHER ORDERED** that the Prosecutor's Office shall forward all discoverable materials, including the defendant's prior record, if any, and the reasons the court is considering commitment, to this Judge's team leader for submission to the institution designated by the Commissioner simultaneously with the transfer of the defendant; and

**IT IS FURTHER ORDERED** that professional staff shall provide this court and counsel identified below with its evaluation of defendant's fitness to proceed to trial and defendant's dangerousness to self, others or property as a result of mental illness; 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