|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Release Upon  Conditions of Defendant Who Lacks the Fitness to Proceed to Trial But is Not Dangerous to Self, Others or Property | | |
|  | | | | | | |
| Defendant. | | | | | | |

**HAVING FOUND** that the defendant lacks the fitness to proceed to trial and that the defendant is not dangerous to self, others or property as a result of mental illness as to require institutionalization, it is hereby ordered pursuant to N.J.S.A. 2C:4-6b that the charges be held in abeyance and that the defendant be released upon the following conditions      
     
   

**IT IS FURTHER ORDERED** that the defendant shall be reevaluated within three months by  
 who shall furnish this court and the counsel identified below with an evaluation which has determined whether the defendant is fit to proceed to trial, whether it is substantially probable that the defendant could regain his competence within the foreseeable future and whether defendant has become dangerous to self, others or property as a result of mental illness; and

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

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