|  |  |  |
| --- | --- | --- |
| 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 Dismissing the Charges Against the Defendant and Civilly Committing Him Pursuant to N.J.S.A. 30:4-27.10 Based Upon a Finding That the Defendant Is Dangerous to Self, Others or Property As a Result of Mental Illness |
|   |
| Defendant. |

**HAVING FOUND** that the defendant has not regained his fitness to proceed to trial, that it is substantially probable that the defendant will not regain his fitness to proceed to trial and that the defendant is dangerous to self, others or property as a result of mental illness, it is hereby ordered the criminal charges against the defendant be dismissed and that the defendant shall be civilly committed pursuant to N.J.S.A. 30:4-27.10; and

**IT IS FURTHER ORDERED** that the Prosecutor's Office shall forward copies of all discoverable materials regarding the defendant, including the defendant's prior record, if any, all prior evaluations of defendant and the reasons the court is seeking civil commitment, to the County Adjuster of the county of commitment concurrent with notice of the defendant's status change; and

**IT IS FURTHER ORDERED** that the County Adjuster shall forward all documents it has received regarding the defendant to the judge designated to preside over the civil commitment hearing, to the defendant's attorney and to the attorney who will represent the State prior to the initial hearing; 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