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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 the Transfer of  Defendant From the Care and Custody  of the Commissioner of Human Services to the   Correctional Facility | | |
|  | | | | | | |
| Defendant. | | | | | | |

**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 hereby ordered that the defendant be transferred to the  
 Correctional Facility to await trial; 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