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| --- | --- | --- |
| Attorney Name |  |  |
| NJ Attorney ID Number |  |  |
| Address |  |  |
|  |  |  |
| Telephone Number |  |  |
| Attorney for  | State of New Jersey/Defendant |  |
|  |  |
| In the Matter of | **Superior Court of New Jersey**  |
|  | **Law Division – Criminal Part** |
|  | **- Select County -**  |  **County**  |
|  | **Indictment Number:** |   |
|  | **NGRI Docket Number:** |  |
|  |  | **Criminal Action**Order Mandating Observation and Treatmentof NGRI Acquittee Who Has Refused to Cooperate with a Psychiatric Evaluation of Dangerousness |
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|  |

**Having Found** the defendant not guilty by reason of insanity after trial [with/without] a jury on the charges of
   ,

**Having Ordered** the NGRI acquittee to undergo a dangerousness evaluation pursuant to N.J.S.A. 2C:4-8 by , a psychiatrist of the State’s choosing, and

**Having Found** that the NGRI acquittee has been unwilling to cooperate with the evaluation to determine if the acquittee is dangerous to self, others, or property as a result of mental illness,

It is on the day of - Select Month -, 20 **Ordered** that:

1. The acquittee is hereby committed to the custody of the Commissioner of the Department of Health pursuant to N.J.S.A. 2C:4-8 and N.J.S.A. 2C:4-5(c), pending medical clearance for admission which shall be coordinated with the Department of Health; and
2. The professional staff shall determine pursuant to N.J.S.A. 2C:4-8(b) whether or not the NGRI acquittee may be able to be released to the community, with or without conditions, including supervision, without posing an undue danger to self, others, or property; and
3. The professional staff shall determine pursuant to N.J.S.A. 2C:4-8(b)(3) whether or not the NGRI acquittee requires inpatient hospitalization to treat the acquittee’s condition; and
4. The Prosecutor’s Office shall immediately forward all relevant discovery materials, including but not limited to the charges against the acquittee, to this Judge’s team leader. These materials and charges, along with a copy of the Judgment of Acquittal, shall be forwarded to the Department of Health, Office of Court Coordination at the designated state psychiatric hospital simultaneous with transfer of the acquittee; and,
5. The professional staff shall contact this court and the counsel identified below when the examination has been completed and provide each with a copy of the evaluation as soon as it has been completed; and
6. The professional staff shall notify this court and counsel of the proposed transfer date should it be found that the acquittee is not appropriate for commitment either because they are not dangerous to self, others, or property as a result of mental illness or that they could be released into the community with or without supervision, without posing an undue danger to self, others, or property; and
7. The acquittee shall not be administratively discharged by the institution without further order of this court; and
8. (Any additional conditions as ordered by the court)
9. A review hearing shall be held on .
10. Reports shall be provided to the court and counsel by .

A copy of this Order will be forwarded to the County Adjuster’s Office by the Clerk of the Court within two (2) days of its signing.

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|   |  |   |
| Date |  |   Judge |

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| --- | --- |
| **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

[ ]  Contact List attached

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| A close up of a logo  Description automatically generated | New Jersey JudiciaryKrol Order Contact List |

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| In the Matter of |  |
|  |  |
|  | - Select County -  |  County  |
|  |  |  |

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| --- | --- |
| **Prosecutor:** | **Defendant’s Attorney:** |
| Name |   | Name |   |
| Telephone Number |   | Telephone Number |   |
| Email |   | Email |   |

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| --- | --- |
| **Provider Agency:** |  |
| Name |   |
| Provider Agency CEO |   |
| Telephone Number |   |
| Email |   |

|  |  |
| --- | --- |
| **Court Contact:** |  |
| Name |   |
| Title |   |
| Telephone Number |   |
| Email |   |