|  |  |  |
| --- | --- | --- |
| 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 Conditional Release of NGRI Acquittee to a SpecifiedCommunity Placement  |
|  |
|  |

**Having Found** that the NGRI acquittee is not dangerous to self, others, or property as a result of mental illness as to require institutionalization; and having found that while the acquittee does not need involuntary or continuing involuntary hospitalization, that the acquittee cannot be released into the community without supervision or under conditions, without posing a danger to self, others, and property,

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

1. Pursuant to N.J.S.A. 2C:4-8(b)(2) the NGRI acquittee shall be placed in
 , upon the following conditions

   ;
2. The NGRI acquittee shall report to for supervision to ensure compliance with all conditions; and
3. (Any additional conditions as ordered by the court)
4. A review hearing shall be held on .
5. A copy of this Order shall be forwarded to the Clinical and/or Medical Director of the
 [name of mental health providers listed in the order] .
6. The Court and counsel shall be informed promptly and in writing by the mental health provider if the acquittee violates conditions or if the program seeks modifications. The provider shall immediately contact the court and counsel if the acquittee absconds from supervision.
7. Reports to the Court and counsel shall be due on .
8. The NGRI acquittee’s maximum period of supervision under N.J.S.A. 2C:4-8 of years and months terminates on[fill in the date] .

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.

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

[ ]  Contact List attached

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

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

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

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