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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 Release of NGRI Acquittee | | | |
|  | | | | | | |
|  | | | | | | |

**Having Found** that the defendant is not guilty by reason of insanity and is not so dangerous to self, others, or property as a result of mental illness as to require institutionalization or a supervised residence and/or release upon conditions,

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

Pursuant to N.J.S.A. 2C:4-8(b)(1) the NGRI acquittee shall be released with no conditions.

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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

|  |  |
| --- | --- |
| A close up of a logo  Description automatically generated | New Jersey Judiciary  Krol Order Contact List |

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