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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 Revoking Conditional Release Status  of NGRI Acquittee | | | |
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**This Matter** having been opened to the Court by Assistant Prosecutor , on behalf of , Prosecutor of - Select County - County, in the presence of  
 , Esq., appearing on behalf of , and the Court having considered the report of , dated , and

**Having Found** that the NGRI acquittee has been noncompliant with clinical conditions of release, and failed to meet the conditions of the discharge plan and/or Court Order dated , and

**Having Found** previously that the acquittee is dangerous to self, others, or property as a result of mental illness, and

**Having Found** that the NGRI acquittee was evaluated at screening service on and the screening service or treating psychiatrist having certified that the acquittee poses a substantial risk of danger to self, others, or property by reason of mental illness and is no longer considered appropriate for treatment in the community, and

**Having Found** by a preponderance of evidence the NGRI acquittee currently meets criteria for inpatient hospitalization due to their dangerousness as a result of mental illness,

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

1. The conditional release of the NGRI acquittee is revoked and the status of the NGRI acquittee is converted from conditional release under N.J.S.A. 2C:4-8(b)(2) to commitment under N.J.S.A. 2C:4-8(b)(3). The NGRI committee shall be committed into the care and custody of the Commissioner of the Department of Health to be confined to an appropriate institution where the committee shall undergo treatment for their dangerousness to self, others, and property as a result of mental illness; and
2. Upon the identification of appropriate and available facility for admission that the facility and county adjuster contact this court and counsel listed below to provide notice of where the committee is receiving services; and
3. A copy of this order shall be provided to any facility in which the committee is receiving services.
4. All of the records of the NGRI committee’s treatment in the community be provided to the treating physician at the designated facility within days of this Order by . If the NGRI committee is provided services at a State psychiatric hospital, then the community provider shall provide the Office of Court Coordination all of the treatment records.
5. Periodic review hearings shall be held pursuant to N.J.S.A. 2C:4-8(b) to determine if the committee continues to be dangerous to self, others, or property as a result of mental illness and whether they continue to require involuntary confinement in an institution.
6. (Any additional conditions as ordered by the court)
7. A review hearing on this matter shall be set for .
8. Reports for the hearing to Court and counsel are due on .
9. The NGRI acquittee’s maximum period of commitment or supervision under N.J.S.A. 2C:4-8 of years and months terminates on [fill in 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.

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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 Judiciary  Krol Order Contact List |

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| In the Matter of |  | | |
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|  | - 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 |  | | | |

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