|  |  |  |
| --- | --- | --- |
| 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 the Continued Conditional Release of NGRI Acquittee |
|  |
|  |

**Having Found** that the NGRI acquittee continues to no longer be so dangerous to self, others, or property, as a result of mental illness as to require hospitalization, and

**Having Found** that there is a substantial likelihood that the acquittee will be dangerous to self, others, or property, as a result of mental illness if the acquittee does not receive appropriate services available in the community,

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

1. The acquittee continues on Krol status on conditional release pursuant to N.J.S.A. 2C:4-8(b)(2); and
2. The acquittee shall abide by the following conditions of their release which are attached to this Order and incorporated herein; and
3. The review hearing pursuant to State v. Krol, 68 N.J. 236 (1975), shall be held on
  .
4. A copy of this order shall be sent within two (2) days to the Medical Director and/or the Executive Director of the community-based provider agency by the court.
5. A copy of this order shall be provided to any treating psychiatrist of the NGRI acquittee by the provider agency.
6. A report by the treating psychiatrist will be due on .
7. The NGRI committee’s maximum period of commitment or 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.

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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

[ ]  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 |   |

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

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