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

**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 |

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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 |

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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 |  | | |