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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 Converting Status of NGRI Committee to Status of Civil Committee | | | |
|  | | | | | | |
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**Having Found** the defendant not guilty by reason of insanity on , and

**Having Ordered** the NGRI committee into the care and custody of the Department of Health on  
 , to be confined in an appropriate institution based upon this court’s finding by a preponderance of the evidence that the NGRI committee was dangerous to self, others, or property as a result of mental illness and they could not be released into the community with or without conditions, and

**Having Found** that the NGRI committee’s maximum period of commitment under N.J.S.A. 2C:4-8 of years and months has now been reached, and

**Having Found** by clear and convincing evidence that the NGRI committee remains dangerous to self, others, or property as a result of mental illness and that they cannot be released into the community either with or without conditions without posing a danger to self, others or property based upon the reports of  ,

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

1. The committee shall remain committed to the care and custody of the Commissioner of the Department of Health to be confined in an appropriate institution as an involuntary civil committee under N.J.S.A. 30:4-27.15.
2. The jurisdiction over the committee shall be transferred to the Superior Court of New Jersey, Civil Part.
3. Periodic review hearings shall be held pursuant to R. 4:74-7 to determine if the committee continues to be dangerous to self, others, or property as a result of mental illness and whether the committee continues to require involuntary confinement in an institution.

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 |  | | | |

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