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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Attorney Name | | |  | | | | |  | | |
| NJ Attorney ID Number | | | | |  | | |  | | |
| Address |  | | | | | | |  | | |
|  |  | | | | | | |  | | |
| Telephone Number | | | |  | | | |  | | |
| Attorney for | | State of New Jersey/Defendant | | | | | |  | | |
|  | | | | | | |  | | | |
|  | | | | | | | **Superior Court of New Jersey** | | | |
|  | | | | | | | **Law Division – Criminal Part** | | | |
| **State of New Jersey** | | | | | | | **- Select County -** | | | **County** |
| Plaintiff, | | | | | | | **Indictment Number:** | |  | |
| v. | | | | | |  | **Criminal Action**  Order Mandating an Expert Evaluation of Criminal Responsibility at the Time of the Crime Pursuant to *N.J.S.A.* 2C:4-1 for a Defendant in the Community | | | |
|  | | | | | | |
| Defendant. | | | | | | |

**HAVING RECEIVED** notice pursuant to *N.J.S.A.* 2C:4-3 that the defendant intends to claim that he/she was not responsible for his/her conduct at the time of the crime due to mental disease or defect as provided in *N.J.S.A.* 2C:4-1, the defendant is hereby ordered to undergo an evaluation by professional staff designated by the Commissioner of the Department of Health of his/her sanity of the [specify criminal conduct that the defendant was originally charged with committing]      
     
   ; and

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

1. The professional staff shall provide this court and the counsel identified below with a copy of his/her evaluation as to whether, at the time of the offense, the defendant was laboring under such a defect of reason, from disease of the mindas to not knowthe nature and quality of the act he/she was doing, or if he/she did know it, that he/she did not know what he/she was doing was wrong;
2. The examination shall take place at the location provided below, by a qualified expert from the Department of Health with the time and date to be provided by the Department;
3. The Prosecutor’s Office shall immediately forward all discoverable materials, including but not limited to the current charges against the defendant and the reasons why counsel is seeking an evaluation and a copy of this order, to this Judge’s team leaderfor submission to the evaluating expert with two (2) days of the date of this order; and,
4. [Any additional conditions as ordered by the court]
5. The next court date in this matter shall be .

**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: