|  |  |  |
| --- | --- | --- |
| 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.**

|  |  |  |
| --- | --- | --- |
|   |  |    |
| 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: