|  |  |  |
| --- | --- | --- |
| 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****Consent Order**Order Mandating a Psychiatric Evaluation of Criminal Responsibility at the Time of the Crime Pursuant to *N.J.S.A.* 2C4-1 for a Defendant in Jail |
|   |
| 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, and with agreement between the State and the defense, 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 at the time of the [specify criminal conduct that the defendant was originally charged with committing]

   : and

It is on this \_\_\_\_\_\_ 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 mind as not to know the 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 jail or prison by a qualified expert from the Department of Health;
3. The Prosecutor’s Office shall immediately forward all discoverable materials, including but not limited to, the current charges against the defendant, the reasons why counsel is seeking an evaluation and a copy of this order, to this Judge’s team leader for 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 (no longer than 90 days from date of this order)
 .

**A copy of this Order will be forwarded to the County Adjuster’s Office by the Clerk of the Court within two 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