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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 **First Post-Acquittal** Psychiatric Evaluation as to NGRI Acquittee’s Dangerousness Pursuant to N.J.S.A. 2C:4-8 | | | | |
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**Having Found** the defendant not guilty by reason of insanity after trial [with/without] a jury on the charges of      
   ,

It is on the  day of February, 20  **Ordered** that:

The NGRI acquittee is hereby committed to the custody of the Commissioner of the Department of Health, pursuant to N.J.S.A. 2C:4-8, pending medical clearance for admission which shall be coordinated with the Department of Health, and

**It Is Further Ordered** that

1. The professional staff shall determine, pursuant to N.J.S.A. 2C:4-8(b), whether or not the NGRI acquittee may be able to be released to the community, with or without conditions, including supervision, without posing a danger to self, others, or property; and
2. The professional staff shall determine, pursuant to N.J.S.A. 2C:4-8(b)(3), whether or not the NGRI acquittee requires inpatient hospitalization to treat the acquittee’s condition, and
3. The Prosecutor’s Office shall immediately forward relevant discovery materials, including but not limited to the charges against the NGRI acquittee, to this Judge’s team leader. These materials and charges, along with a copy of the Judgment of Acquittal, shall be forwardedto the Office of the Court Coordinator at Psychiatric Hospital Department of Health simultaneous with transfer of the NGRI acquittee after medical clearance for admission to the hospital; and,
4. The professional staff shall contact this court and the counsel identified below when the examination has been completed and provide each with a copy of the evaluation as soon as it has been completed; and
5. The professional staff shall notify this court and counsel of the proposed transfer date should it be found that the NGRI acquittee is not appropriate for commitment either because the acquittee is not dangerous to self, others, or property as a result of mental illness or that the acquittee could be released into the community [with] or [without] supervision, without posing an undue danger to self, others, or property; and
6. The NGRI acquittee shall not be administratively discharged by the institution without further order of this court; and
7. (Any additional conditions as ordered by the court)
8. A review hearing shall be held on  .
9. Reports are to be provided to the court and counsel on  .

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

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| 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 | |  | | |