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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 for Evaluation for Non-Compliance with Clinical Conditions of Conditional Release | | | |
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**This Matter** having been opened to the Court by Assistant Prosecutor  , on behalf of , Prosecutor of - Select County - County, in the presence of   
 , Esq., appearing on behalf of , and the Court having considered the report of , dated , and

**Having Found** that the NGRI acquittee has been noncompliant and failed to meet the conditions of the conditional discharge plan [or the terms of the plan required adjustments as they no longer met the clinical needs of the NGRI acquittee] and/or Court Order dated , and

**Having Found** previously that the acquittee is dangerous to self, others, or property as a result of mental illness, and

**Having Found** cause now to question whether the acquittee can remain in the community with the current level of care without posing a danger to self, others, or property,

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

1. The transportation of the NGRI acquittee for a psychiatric assessment shall occur as follows  
    .
2. A report shall be prepared by the screening service including any and all findings regarding dangerousness and recommendations for treatment and released to the Court and counsel identified below; and
3. Nothing in this order prohibits the psychiatric screening center from admitting the NGRI acquittee if hospitalization is deemed medically appropriate; and
4. Should the screening center find that hospitalization is deemed medically appropriate the screening center shall immediately convey that information to the Court; and
5. Should the screening center find that the acquittee can be released to the community with conditions the screening center shall contact this Court and counsel below prior to doing so and await instructions regarding transport and disposition.
6. All relevant discovery in this matter shall be provided to the screening service by the Prosecutor’s Office.
7. (Any additional conditions as ordered by the court)
8. The NGRI acquittee’s maximum period of commitment or supervision under N.J.S.A. 2C:4-8 terminates in years and months on [fill in the date] .

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 |  | | |