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| Attorney Name | | |  | | | |  | | |
| NJ Attorney ID Number | | | | |  | |  | | |
| Address |  | | | | | |  | | |
|  |  | | | | | |  | | |
| Telephone Number | | | |  | | |  | | |
| Attorney for | | State of New Jersey/Defendant | | | | |  | | |
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|  | | | | | | | **Superior Court of New Jersey** | | |
|  | | | | | | | **Law Division – Criminal Part** | | |
| **State of New Jersey** | | | | | | | **- Select County -** | **County** | |
| Plaintiff, | | | | | | | **Indictment Number:** | |  |
| v. | | | | | |  | **Criminal Action**  Ordering Committing Defendant  Pursuant to *N.J.S.A.* 2C:4-5  Where Hospitalization is Clinically Necessary to Perform an Evaluation  as to the Defendant’s Competency  to Stand Trial | | |
|  | | | | | | |
| Defendant. | | | | | | |

**THIS COURT** having heard evidence that to conduct a proper evaluation as to the defendant’s competency to stand trial hospitalization is necessary, pursuant to *N.J.S.A.* 2C:4-5,

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

1. The defendant is hereby committed into the custody of the Commissioner of the Department of Health for a period of thirty (30) days for purposes a competency evaluation to stand trial,
2. Such finding by a qualified psychiatrist or licensed psychologist shall be submitted in a written report to this court and counsel and shall include:
3. A description of the nature of the examination;
4. A diagnosis of the mental condition of the defendant;
5. An opinion as to the defendant’s capacity to understand the proceeding against him/her and to assist in his/her own defense;
6. An opinion as to whether or not the defendant is presently incompetent to proceed to trial in consideration of the factors listed in *N.J.S.A.* 2C:4-4, and whether defendant’s mental condition is such that he/she poses a present danger either to himself/herself or to other persons upon his/her release into the general community.
7. Pursuant to *N.J.S.A.* 2C:4-4(b), the qualified psychiatrist or licensed psychologist shall render an opinion as to whether the defendant has the mental capacity to appreciate their presence in relation to time, place and things and whether the defendant’s elementary mental processes are such that he/she comprehends:
8. That he/she is in a court of justice charged with a criminal offense;
9. That there is a judge on the bench;
10. That there is a prosecutor present who will try to convict him/her;
11. That he/she has a lawyer who will undertake to defend him/her
12. That he/she will be expected to tell to the best of his/her mental ability the facts surrounding him/her at the time and place where the alleged violation was committed if he/she chooses to testify and understand his/her legal right not to testify;
13. That there is a jury present to pass upon evidence that adduced as to guilt or innocence of such charge or, that if he/she should choose to enter into plea negotiations or to plead guilty, that he/she comprehend the consequences of a guilty plea and that he/she be able to knowingly, intelligently, and voluntarily waive those rights which are waived upon such entry of a guilty plea; and
14. That he/she have the ability to participate in an adequate presentation of his/her defense.
15. Said report shall be provided no later than thirty (30) days from date of admission; and,
16. The defendant shall not be administratively discharged by the institution without further order of this court; and,
17. A hearing on this matter shall take place on .
18. The written report submitted by the qualified psychiatrist or licensed psychologist to this Court shall not include an opinion with respect to whether the defendant was insane at the time of the crime pursuant to *N.J.S.A.* 2C:4-1 and/or whether the defendant suffered from a mental disease or defect at the time of the crime pursuant to *N.J.S.A.* 2C:4-2;
19. [Any additional conditions as ordered by the court]

**A copy of this Order will be forwarded to the County Adjuster’s Office 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