

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

DETAINER FORM

N.J.S.A. 30:4-27.22 states, in pertinent part, that:

If a person in custody awaiting trial on a criminal or disorderly persons charge is admitted or committed pursuant to this act, the law enforcement authority which transferred the person shall complete a uniform detainer form, as prescribed by the division, which shall specify the charge, law enforcement authority and other information which is clinically and administratively relevant. This form shall be submitted to the admitting facility along with the screening certificate or temporary court order directing that the person be admitted to the facility. (N.J.S.A. 30:4-27.22a)

When the person is administratively or judicially discharged and is still under the authority of the law enforcement authority, that authority shall, within 48 hours of receiving notification of the discharge, take custody of the person. (N.J.S.A. 30:4-27.22c)

DATE: _____

TO: _____
Psychiatric Facility

FROM: _____
Detaining Facility

RE: _____
Name of Inmate/Patient

Date of Birth _____ Social Security No. _____

Outstanding Criminal or Disorderly Persons Charge(s): _____

Indictment Numbers, If Applicable _____

Court in Which Charged: _____

CHECK APPLICABLE STATUS:

- _____ (1) Individual is transferred for evaluation of “fitness to proceed” pursuant to attached court order (N.J.S.A. 2C-4-5 a(2) or 2C-4-5 c).
- _____ (2) Individual is transferred for evaluation of whether they should be found “Not Guilty by Reason of Insanity” pursuant to attached court order (N.J.S.A. 2C:4-5 c or 2C:4-8 a or 2C:4-9 a).
- _____ (3) Individual is transferred as “involuntarily civilly committed” pursuant to N.J.S.A. 30:4-27.1 et seq. and a certificate from a screening service or a temporary court order is attached.

This individual must be returned to _____ upon discharge.

THIS FORM IS ONLY APPLICABLE TO INDIVIDUALS AWAITING TRIAL ON A CRIMINAL OR DISORDERLY PERSONS CHARGE.

APPLICABLE COURT ORDERS MUST BE INCLUDED WITH THIS FORM

Printed Name of Person Completing Form

Signature

Title

Phone Number