

OPTIONAL: The Court also heard the testimony of

Dr. _____ (examiners name) who further explained the reasons for the report's conclusion that Defendant lacked criminal responsibility for the offense(s) charged.

After reviewing all the evidence, I find that at the time of the commission of the alleged offense, the Defendant, as a result of mental disease or defect, did not have the capacity to distinguish moral or legal right from moral or legal wrong.

THEREFORE IT IS ORDERED that the Defendant is found Not Guilty by reason of insanity of the charges.

IT IS FURTHER ORDERED, pursuant to S.C. Code Ann. §17-24-40, Defendant is hereby committed to a facility designated by SCDMH for a period of hospitalization not to exceed 120 days. During that time, SCDMH shall examine Defendant to determine Defendant's need for continued hospitalization, and provide such treatment as is beneficial and necessary, pursuant to the standards set forth in S.C. Code Ann. §44-17-580. SCDMH shall make a report of its findings to the Chief Administrative Judge of this judicial circuit, the Clerk of Court (for filing), the Defendant's attorney, and the Solicitor. Thereafter, the Chief Administrative Judge shall conduct a hearing to determine Defendant's ongoing custody status.

IT IS FURTHER ORDERED that the Defendant shall be immediately taken into custody by the Sheriff, and the Sheriff's office is hereby authorized and required to transport defendant to the facility designated by SCDMH following confirmation that a bed is available.

FILING, SERVICE, AND TRANSMITTAL OF THIS ORDER. It is the responsibility of the solicitor to file and serve this order as outlined herein. After being

signed by the Court, the original order must be immediately filed with the Clerk of Court and a certified copy served upon the opposing party. Further, **within five (5) business days**, a certified copy of this order must be served upon the examining agency at the address listed below. To expedite the agency's ability to implement this order and prepare for legal proceedings, the solicitor is instructed to immediately contact the examining agency to advise of the issuance of this order and forthcoming service upon the agency:

Information for Service of Order on Agency

Department of Mental Health

Forensic Evaluation Service Paralegal
S.C. Department of Mental Health
CBHS Forensic Center
7901 Farrow Road
Columbia, SC 29203-3220
(803)935-5540 (Phone)
(803)935-5544 (Fax)
Email: FES-PARALEGAL@SCDMH.ORG

IT IS SO ORDERED.

Date: _____

Presiding Judge

Judicial Circuit

Solicitor's name: _____
Telephone: _____
Email: _____

Defense Counsel: _____
Telephone: _____
Email: _____