

STATE OF MINNESOTA  
COUNTY OF DAKOTA

DISTRICT COURT  
FIRST JUDICIAL DISTRICT  
PROBATE DIVISION

In the Matter of the Civil Commitment of:

\_\_\_\_\_  
Respondent

**PETITION FOR AUTHORIZATION  
TO IMPOSE TREATMENT AND  
REQUEST FOR HEARING**  
Court File No. P 19HA-PR-20-939

I Leo Passov, MD Petitioner, am qualified to prescribe and administer neuroleptic medications. I practice at UMMC Fairview Psychiatry. To the best of my knowledge, information and belief, state the following:

1. Patient/Respondent was born on 6/4/1998
2. Patient/Respondent's county of financial responsibility is Dakota County.
3. A petition has been or will be filed to have the Patient/Respondent committed as:
  - Mentally Ill,  Mentally Ill and Dangerous,  Chemically Dependent,
  - Developmentally Disabled, or  other (specify)
4. Patient/Respondent is presently receiving care and treatment at UMMC.
5. The affidavit attached to this Petition is incorporated by reference into this Petition.
6. I have reviewed the Patient/Respondent's medical record and examined the Patient/Respondent. In my professional opinion, the Patient/Respondent shows symptoms consistent with a diagnosis of Schizoaffective disorder
7. In my professional opinion, the Patient/Respondent will benefit from treatment with neuroleptic medications. The objective of the proposed treatment is to treat the symptoms of mental illness that interfere with the Patient's/Respondent's ability to function in the communication and to enable the Patient/Respondent to be discharged from civil commitment. I believe the benefits of the medication outweigh the risks and, therefore, the treatment is reasonable.
8. The Patient/Respondent does not have the capacity to give informed consent to treatment by neuroleptic medications because the Patient/Respondent:
  - lacks an awareness of their situation (including the reasons for hospitalization) and the possible consequences of refusing treatment,
  - does not demonstrate an understanding of the risks, benefits and alternatives of treatment, or
  - is unable to communicate a reasoned treatment choice or refusal. I therefore seek authority to administer the medication involuntarily.

- 9. The Patient/Respondent has not agreed in accepting neuroleptic medication and has declined or refused to take it voluntarily.
- 10. I have carefully reviewed all available medical records and I have identified the following neuroleptic medications that have been administered to the Patient/Respondent in the past, and past responses, including side effects:

Medication	Date given	Responses (including negative side-effects)
Clozaril	2019	effective, no reported side-effects
Abilify	2019	partially or not effective
Risperdal	2019	partially or not effective

- 11. Based on my review of Patient/Respondent's medical records and current condition, I request authority to administer to the Patient/Respondent the following neuroleptic medications (or their generic equivalents) that are specifically tailored to the Patient/Respondent's circumstances.

**Typical Neuroleptics or generic equivalent:**

- Thorazine    Mellaril    Trilafon    Loxitane,    Moban
- Stelazine    Navane    Haldol    Prolixin
- Other \_\_\_\_\_  
(Print Clearly)

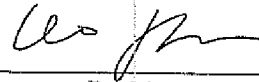
**Atypical Neuroleptics or generic equivalent:**

- Clozaril     Risperdal     Invega     Zyprexa     Seroquel
- Geodon     Abilify
- Other \_\_\_\_\_  
(Print Clearly)

- 12. The administration of the following medications to the respondent are specifically **EXCLUDED** from this petition:
- 13. As part of my request for authority to administer neuroleptic medication, I also request authority to administer routine medical monitoring such as blood tests, weight, and vital signs, as clinically indicated by the Patient/Respondent's medication and overall medical condition, even if the Patient/Respondent objects.
- 14. Judicial authorization is a prerequisite to the administration of neuroleptic medication in the absence of Patient/Respondent's informed consent under Minn. Stat. 253 B.092 and *Jarvis v. Levine*, 418 N.W. 139 (Minn.1988).
- 15. Petitioner requests that a hearing be scheduled and that authorization to administer neuroleptic medication be granted according to the law.

I declare under penalty of perjury that everything I have stated in this document is true and correct.  
Minn. Stat. § 358.116

Date: 11/27/2020



\_\_\_\_\_  
Leo Passov, MD, Petitioner  
Signed in Olmsted County, Minnesota



### EFFECTIVENESS OF ANTIPSYCHOTICS

7. Chlorpromazine and other antipsychotic drugs have been studied in hundreds of double-blind studies. Antipsychotics have in common the known benefits of reducing psychotic thought processes, eliminating hallucinations, reducing and sometimes eliminating delusional thought systems, and restoring rational thought processes. Control of psychiatric symptoms serves the purposes of alleviating the patient's distress, providing access to other non-drug forms of therapy, and preventing additional symptoms.
8. For an institutionalized patient, the major benefit is to prepare him for an earlier release from the hospital and allow him to live in the community. Antipsychotic drugs also may be used to prevent the patient from harming himself or others because the drugs often reduce aggression by reducing psychotic thought content.
9. Antipsychotic drugs work by affecting the ability of the brain to sort out and integrate perceptions and memory. It is believed that psychotic episodes are accompanied by an imbalance among the chemical neurotransmitters in the part of the brain that regulates emotion and motivation. Antipsychotic drugs block the effects of the neurotransmitter dopamine in various parts of the brain. Since derivation of mental diseases such as schizophrenia is one of chemical imbalance, the most successful treatment for such illness is medication coupled with psychotherapy. Other forms of treatment such as psychotherapy and milieu therapy have not proven effective alone.
10. Antipsychotic medication does not cure the mental illness. Rather, it controls the symptoms of psychosis. Studies show that discontinuance of antipsychotic medication often causes a relapse of the illness. The relapse rate in a sampling of patients not treated with medication is about 10 to 15 percent per month. If maintenance medication is administered, the rate is reduced to between one and five percent.
11. The drugs have normalizing effects of suppressing psychotic symptoms and altering mental functioning toward normality. There is no evidence that medications change one's personality or affect character traits, beliefs, or values. It is therefore inaccurate to call the drugs' effects "mind controlling", "mind altering", or "thought inhibiting". The drugs are not sedatives in the sense of slowing down all symptoms of patients. The drugs have both sedative and antipsychotic properties.
12. Antipsychotic drugs approved by the United States Food and Drug Administration are not experimental and are commonly used.

### INDICATIONS FOR ANTIPSYCHOTICS

13. Antipsychotic medication is indicated for patients suffering from a major mental illness when there has been a past response to antipsychotic drug therapy or where the likelihood and degree of response outweigh the risks of the medication. Antipsychotic medication can be used for psychotic symptoms associated with many different diagnoses. The primary indication for antipsychotics is the presence of psychosis such as inorganic psychosis, late paraphrenia,

psychotic depression, mania, paranoid disorders, and the schizophrenic and schizophreniform disorders.

14. Antipsychotic medication is not effective for all psychiatric patients. The effects of antipsychotic drugs vary with the psychiatric condition, the symptoms, and the particular patient. Patients respond differently to different medications largely because of differences in the patient's metabolic handling of the drug. There are psychotic patients who improve without drugs. However, the drug is considered the treatment of choice for major mental illness. The drugs alone do not suffice, and additional nondrug interventions are generally required such as behavioral therapy and training.
15. In choosing a particular antipsychotic drug to administer to a patient, these factors are important: the patient's past response to medication, the history of relapse without medication, and past experience with side effects from medication. The physician considering treatment with antipsychotic medications must weigh the risks of side effects against the benefits of medication.
16. Where the patient has not previously been administered antipsychotic medication, a clinical trial of medication must be conducted. A trial could involve the use of several different agents for a four to six-month period. The number of agents used and the length of the trial will vary depending upon the severity of the patient's symptoms.
17. Different patients need different dosages of a particular drug. Patients may be differentially sensitive to a drug. Some patients may need a high dosage of a drug when very psychotic. It is important to avoid inadequate treatment in an acute episode because this can lead to chronicity.

#### SIDE EFFECTS

18. The major side effects of antipsychotics are divided into categories entitled "anticholinergic effects", "parkinsonian effects", "sedation effects", and "hypotension effects". Anticholinergic action is manifested by blurred vision, dry mouth, constipation, urinary retention, increased or decreased perspiration, and tachycardia. Centrally affected cholinergic blockade may produce memory impairment, confusion, and toxic delirium. These manifestations are usually seen in elderly patients with pre-existing organic impairments.
19. Parkinsonian side effects are characterized by acute dystonic reactions, which are muscle spasms especially of the neck, jaw, and tongue. Akathisia is a subjective feeling of restlessness. Neuroleptic-induced Parkinsonism, which is tremor, rigidity, and bradykinesia (slowness of movement), may occur. Finally, dyskinesias, which are repetitive stereotyped movements of muscles, may occur. Tardive dyskinesia, a syndrome of involuntary, repetitive, purposeless movements of the oral, facial, limb and truncal musculature, may occur after prolonged neuroleptic drug treatment. The life-threatening risks of administration of the medication are minute.
20. Sedation and hypotension may be clinically observed with any of the neuroleptics.

21. It is not possible to precisely predict whether particular medications will produce any side effects or which side effects will be produced. Unless tardive dyskinesia has developed, all side effects disappear upon discontinuation of the medication.
22. Tardive dyskinesia appears in approximately 20 to 40 percent of patients who have received antipsychotic medication for long periods of time (more than ten years). The severity of tardive dyskinesia ranges from mild and inconspicuous to severe and cosmetically disfiguring.
23. Tardive dyskinesia is commonly associated with high dose, long-term antipsychotic treatment. However, there is little to show that one antipsychotic is more or less likely to cause or to aggravate tardive dyskinesia. About one-third to one-half of patients with tardive dyskinesia improve with a wide variety of treatments or no treatment at all. Therefore, the condition is not necessarily persistent or irreversible.
24. Patients receiving antipsychotic medication should be monitored carefully for signs of tardive dyskinesia. Discontinuation of antipsychotic medication is the ideal treatment for tardive dyskinesia but is not feasible for many patients. The decision to stop antipsychotic drug therapy when tardive dyskinesia is present should be made only in the direst of clinical circumstances, when other alternative treatments are not available.
25. Clozapine (brand name Clozaril) was the first atypical anti-psychotic developed to treat schizophrenia. In 1975, after reports of agranulocytosis leading to death in some clozapine-treated patients, the medication was voluntarily withdrawn from market in the United States. However, when repeated studies demonstrated that clozapine was more effective against treatment-resistant schizophrenia than other typical and atypical neuroleptic medications, the FDA and health authorities in most other countries approved its use only for treatment-resistant schizophrenia, with the stipulation that required Restricted Distribution, a Patient Registry and regular blood monitoring to detect blood abnormalities before they became life threatening. In December 2002, clozapine was approved in the US for reducing the risk of suicide in schizophrenic or schizoaffective patients judged to be at chronic risk for suicidal behavior.

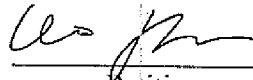
#### DURATION OF TREATMENT

26. Most patients should take antipsychotic medications for a number of months following remission of one acute episode. In a first episode, six months is recommended. Patients with more chronic illnesses may require medication indefinitely.
27. The duration of a course of medication in general is judged by evaluating the benefits and risks. Some patients who are treated with antipsychotics have time-limited illnesses and, therefore, the medication should be stopped as quickly as possible after the resolution of the episode. For chronic illness, the issue becomes one of long-term benefits of the medication versus the long-term risks. If there is evidence of substantial benefit which improves the patient's quality of life and increases the likelihood of being discharged, the long-term risk of development of tardive dyskinesia is less significant than the benefits of continuing on the drugs.

28. Patients on antipsychotic medications require routine medical testing and monitoring, such as blood tests, weight, and vital signs, as clinically indicated based on the patient's medication regiment, medical symptoms, or their medical condition, such as diabetes.

I declare under penalty of perjury that everything I have stated in this document is true and correct.  
Minn. Stat. § 358.116

Date: 11/27/2020



\_\_\_\_\_  
, Petitioner  
Signed in Olmsted County, Minnesota



**EXHIBIT B**

**NEUROLEPTIC MEDICATIONS**

<b><u>Generic Name</u></b>	<b><u>Brand Name</u></b>
chlorpromazine .....	Thorazine
clozapine .....	Clorzaril
fluphenazine decanoate .....	Prozixon Decanote
haloperidol .....	Haldol
haloperidol decanoate .....	Haldol Decanate
loxapine .....	Loxitane
mesoridazine .....	Serentil
molindone .....	Moban
perphenazine .....	Trilaicon
thioridazine .....	Mellaril
thiothixene .....	Navane
trifluoperazine .....	Stelazine

**INFORMATION SHEET  
PETITION FOR MEDICATION HEARING**

Treatment Facility Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

County of commitment Jurisdiction/Venue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Type of commitment: MI    MI/CD

Expiration of Date of commitment: \_\_\_\_\_

Commitment Court File No: \_\_\_\_\_

County Attorney:

\_\_\_\_\_  
Assistant County Attorney  
1560 Highway 55  
Hastings, MN 55033  
(651) 438-4438

Patient's Attorney:

Joe Dalager  
295 Marie Ave. E., #110  
West St. Paul, MN 55118

Physician to Testify for Facility:

Guardian or Conservator:

Treatment Facility Contact Person:

Scheduling Limitations of Physician:

Additional Persons who should receive notice of hearing

COURT ADMINISTRATOR  
PROBATE DIVISION  
DAKOTA COUNTY JUDICIAL CENTER  
1560 HIGHWAY 55  
HASTINGS MN 55033

**Re: Petition for Authorization to Impose Treatment and Request for Hearing**

Dear Court Administrator:

Enclosed for filing is a Petition for Authorization to Impose Treatment for a Dakota County resident who is receiving treatment at \_\_\_\_\_  
Attached to the petition is an information sheet and an affidavit of the medical expert seeking the Court Order. The petition is for the following patient:

**Name:**

**Court File No:**

We understand the Court will appoint a defense attorney. Please note that absent the consent of the patient or a court order, the regional treatment center cannot provide access of the patient's records to the defense attorney or the guardian ad litem.

The Dakota County Attorney's Office will represent the treatment facility. Any preliminary orders and notices on this matter should be sent to:

\_\_\_\_\_  
Assistant Dakota County Attorney  
1560 Highway 55  
Hastings, MN 55033

Thank you for your cooperation. If you have any questions, please call me.

Sincerely,

CMT FORMS/JARVIS-PETITION  
7/00