

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF DAKOTA

FIRST JUDICIAL DISTRICT

In the Matter of the Civil
Commitment of:

File No. 19HA-PR-20-939

COMMITMENT HEARING

Charles Helmer,

Respondent.

The above-entitled matter came on for hearing
before the Honorable Jamie Cork, one of the judges of the
above-named Court, on December 10, 2020, via Zoom.

APPEARANCES

Anna Light, Assistant Dakota County Attorney,
appeared for and on behalf of the Petitioner.

Victoria Herr, Attorney at Law, appeared for and on
behalf of the Respondent.

The Respondent was present via Zoom.

ALSO PRESENT:

Megan Przybylski, Social Worker.

Ann Fuller, Mother.

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KENT KODALEN

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EXHIBITS

<u>Exhibit</u>	<u>Marked</u>	<u>Received</u>
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P R O C E E D I N G S

(This hearing was held during the COVID-19 pandemic restrictions and is subject to the limitations of remote technology, including but not limited to, cell phone/computer Wi-Fi/data connection, signal reception, video/audio signal interference, signal interruptions, and other restrictions and limitations associated with remote court hearings via telephone/cell phone/speakerphone, and/or videoconferencing.)

THE COURT: This is In the Matter of the Civil Commitment of Charles Helmer, file number 19HA-PR-20-939. Counsel, could you introduce yourselves, please, for the record, starting with Ms. Light.

MS. LIGHT: Anna Light, assistant Dakota County attorney.

MS. HERR: Victoria Herr. I represent the respondent, Charles Helmer. He is present via Zoom.

THE COURT: Mr. Helmer, please state your name for the record.

MR. HELMER: Charles Helmer.

THE COURT: The social worker?

MS. PRZYBYLSKI: Megan Przybylski, pre-petition screener, social worker.

THE COURT: All right. And the doctors. We'll start with Dr. Kodalen.

1 DR. KODALEN: Dr. Kent Kodalen, Your Honor. Court
2 examiner.

3 DR. GULRAJANI: Chinmoy Gulrajani, court examiner.

4 THE COURT: And Ms. Fuller. You're muted.

5 MS. FULLER: Ann Fuller, wonderful mom of my
6 wonderful son, Charles.

7 THE COURT: All right. And it's my understanding
8 that Mr. Helmer is asking for a contested hearing regarding
9 both the commitment and the Jarvis order -- or the Jarvis
10 petition. So, Ms. Light, you may continue.

11 MS. LIGHT: Thank you, Your Honor. I would first
12 call Dr. Kodalen to testify.

13 THE COURT: Dr. Kodalen, could you raise your
14 right hand, please.

15 KENT KODALEN,
16 was called as a witness and, being first duly
17 sworn, was examined and testified as follows:

18 THE COURT: If you could state your full name and
19 spell it for the record.

20 THE WITNESS: Yes. Full name is Kent Kodalen.
21 First name, K-E-N-T; last name, K-O-D-A-L-E-N.

22 THE COURT: Ms. Light, you may proceed.

23 DIRECT EXAMINATION

24 BY MS. LIGHT:

25 Q Doctor, you're a licensed psychologist trained and

1 practicing in the State of Minnesota?

2 A Correct.

3 Q And you were appointed by this Court to render an
4 independent opinion on the commitment petition; is that
5 correct?

6 A Correct.

7 Q And did you offer a written report to the Court in this
8 case?

9 A I did. It was a report dated December 3, 2020.

10 Q And was that filed in the court file?

11 A I believe so, yes.

12 MS. LIGHT: Your Honor, I would offer what I have
13 marked as Exhibit 1. This is the report of Dr. Kodalen,
14 dated December 3, filed in the court file and can be found
15 in the court file index number of 14. I would offer Exhibit
16 1.

17 THE COURT: Ms. Herr.

18 MS. HERR: No objection.

19 THE COURT: The Court will accept Exhibit 1 into
20 the record.

21 BY MS. LIGHT:

22 Q Dr. Kodalen, did you review the court documents filed in
23 this court file in preparation for your written report and
24 your testimony today?

25 A Yes. I reviewed available documentation, including the

1 petition for judicial commitment, Exhibit A, the examiner's
2 statement in support of petition for commitment, as well as
3 the pre-petition screening report.

4 Q Did you also review medical records regarding the
5 respondent?

6 A I have not. I requested medical records from the hospital,
7 and never -- from the University of Minnesota Medical Center
8 Riverside, Fairview Riverside, and did not receive
9 documentation.

10 Q And you did not receive any updated medical records for
11 today's hearing?

12 A That is correct.

13 Q Did you speak with the respondent?

14 A I did. On the 2nd of December, I conducted a telephone
15 interview with the respondent who was there at the hospital,
16 and then I also spoke with his case manager at the hospital.

17 Q And did you have a productive conversation with the
18 respondent over the phone?

19 A Yes. Yes.

20 Q And have you been involved in Mr. Helmer's prior civil
21 commitment cases?

22 A Yes. I was involved in Mr. Helmer's recommitment
23 proceedings prior to this court hearing and -- or prior to
24 this current commitment order. And I had submitted a report
25 regarding that as well. I don't have that date in front of

1 me.

2 Q So although you didn't have the benefit of current medical
3 records, you are aware generally of his history and his
4 prior records?

5 A I would say I am quite familiar with Mr. Helmer's history
6 and prior record, yes.

7 Q Now, you indicated that you were involved in his most recent
8 recommitment; is that correct?

9 A Yes.

10 Q And do you know when that recommitment order expired?

11 A I'm sorry. I didn't -- going to have to pull it up here. I
12 don't know.

13 Q In your report, you indicate that the most recent order
14 expired October 8 of this year. Does that sound accurate?

15 A Yes. If that's what I wrote, yes.

16 Q And that was only two months ago, correct?

17 A Correct.

18 Q That he was without the protection of civil commitment for
19 two months?

20 A That's my understanding, yes. There was -- yes.

21 Q And so how would you describe Mr. Helmer's disposition when
22 you spoke with him over the phone?

23 A He had no recollection of speaking with me prior; but his
24 presentation at the time of the interview, I would describe
25 him as irritable, distracted, and quite disorganized in his

1 narrative. He was engaged. He was willing to talk.

2 MR. HELMER: Keep going. Keep going. Keep going.

3 THE COURT: Mr. Helmer, my court reporter is
4 trying to take everything down, so I need you not to talk
5 right now, please.

6 MR. HELMER: Okay.

7 THE COURT: Thank you.

8 THE WITNESS: The respondent was quite focused on
9 the fact that he should not be hospitalized. He described
10 it as being in jail. And he was quite focused on that. Our
11 conversation included a number of -- included a number of
12 moments where he was tangential and he was not answering
13 direct questions. He was repeatedly stopping mid sentence
14 and struggling to articulate his -- or express his point of
15 view. He would frequently stop and say, "I don't know," and
16 then refuse to offer additional information.

17 BY MS. LIGHT:

18 Q Did you speak with him about how he came to be admitted at
19 the hospital currently?

20 (A brief discussion was held off the record.)

21 A Could you repeat the question, please.

22 Q Did you speak with the respondent regarding how he came to
23 be admitted at the hospital currently?

24 A I did. He indicated, as I stated in my report, he said,
25 "The police brought me to the hospital, and they thought I

1 was unsafe." I asked him to provide clarification or any
2 description of what behaviors those police might have seen
3 where he was unsafe, and Respondent did not reply to that.
4 He did indicate that it was a long story. He felt he
5 couldn't adequately describe it, so he discontinued. Later
6 on in the interview, he did come back and summarize by
7 saying that "They lied to me, is the moral of the story."
8 He indicated that he was tricked by the police in -- with
9 regards to the hospitalization. It was unclear, but what I
10 gathered is the respondent thought that they were going to
11 take him somewhere and then release him with regards to why
12 the police were involved. He indicated that he had called
13 911 but was not clear about why. In the record, there is
14 some reference to him asking for help moving a refrigerator,
15 and the responding officers then took him in for an
16 evaluation. There's also indications of him threatening his
17 mother, is part of it, but Respondent could not provide an
18 organized narrative to clarify that.

19 Q And in your report you indicate that you had a collateral
20 interview with the respondent's case manager; is that
21 correct?

22 A Yes.

23 Q And what information did you learn from her?

24 A What I learned is that, at the time of that interview, which
25 again was on the 2nd of December, she indicated that

1 Respondent's behavior on the unit had been quite disruptive.
2 He was frequently threatening towards staff, posturing
3 towards staff. He had threatened to hit, threatened to kick
4 staff members. He had received medication that manages
5 behavioral outbursts on two separate occasions at that
6 point. Otherwise, she reported that he generally keeps to
7 himself, does not engage with others. When he is approached
8 by staff, as I said, he can be aggressive and, you know,
9 threaten towards them.

10 He was also observed on multiple occasions
11 according to the case manager to be responding to internal
12 stimuli; which when I spoke with the respondent and
13 previously had interviewed him, he again denied that he was
14 responding to internal stimuli.

15 Q And just to be clear, this was the hospital social worker
16 case manager that you spoke to; is that correct?

17 A That is correct.

18 Q Based on your personal knowledge of the respondent and the
19 review of documents that you had available to you, have you
20 come to an opinion as to his diagnosis?

21 A Yes. I assigned a diagnosis of schizoaffective disorder, as
22 well as autism spectrum disorder by history.

23 Q Is schizoaffective disorder a substantial psychiatric
24 disorder?

25 A Yes.

1 Q And have you been able to note specific facts that
2 illustrate how the respondent is impaired regarding his
3 thought, mood, perception, orientation, and memory?

4 A Yes. I would -- I would submit to the Court that that
5 disorganized behavior I described, that inability to
6 organize his narrative is one of the features related to the
7 thought disturbance. Respondent is -- is prone to agitation
8 and compulsive reactivity. His mood is labile, as described
9 by the case manager. And there are indications of paranoia.
10 There is indications that he's responding to internal
11 stimuli; although, again, he's denying that. There are
12 multiple incidents where it's been observed.

13 Q Have you also been able to identify specific facts that
14 illustrate his impairment regarding judgment, behavior,
15 capacity to recognize reality, and capacity to understand?

16 A Yes. The respondent has been refusing medications;
17 sometimes is refusing food and drink. The previously shared
18 report of him calling the police, calling 911, calling
19 emergency services for help moving furniture in the home.
20 He has been threatening towards staff. He has been quite
21 erratic and impulsive. There are indications that he will
22 spontaneously be laughing to himself and incongruent
23 emotional reactivity. And above all, I find that Respondent
24 lacks insight regarding his mental health status. He lacks
25 insight regarding his need for current or future treatment.

1 He is quite defiant with regards to those.

2 Q Do you believe that the respondent poses a substantial
3 likelihood of physical harm either to himself or others?

4 A I do.

5 Q And why?

6 A Well, as evidenced by his behavior with -- observed behavior
7 on the medical unit on the floor, as told to me by the case
8 manager in the medical record, as well as reports of
9 conflict, ongoing conflict, with mother -- I think that the
10 respondent is prone to physical outbursts, aggressive
11 outbursts, with others that sometimes become physical.

12 Q Do you also believe that he has failed to obtain necessary
13 food, clothing, medical, shelter, and other self care for
14 himself?

15 A Yes. My understanding is that immediately upon leaving --
16 or upon the recommitment, the previous recommitment, not
17 being followed, he moved out of the group home and he
18 stopped taking any medications or seeking any treatment,
19 which I believe contributed to his hospitalization.

20 Q Has he attempted or threatened physical harm to others?

21 A There are multiple reports of him threatening hospital
22 staff. There are reports of him threatening his mother as
23 well.

24 Q And so do you believe that it's more probable than not that
25 the respondent will suffer substantial harm if commitment

1 isn't entered today?

2 A Yes.

3 Q Have you considered less restrictive alternatives to a full
4 commitment?

5 A Yes, I have. However, my concern is, given the respondent's
6 demonstrated lack of insight or willingness to engage in
7 treatment, less restrictive options are not in his best
8 interest. He will not obtain nor seek nor obtain the
9 appropriate treatment.

10 Q And so at this point you support an entry of a full
11 commitment order?

12 A Correct.

13 Q And you believe that he meets the statutory criteria for
14 commitment?

15 A I do.

16 MS. LIGHT: No further questions.

17 THE COURT: Ms. Herr, any questions?

18 MS. HERR: Just briefly, Your Honor.

19 CROSS-EXAMINATION

20 BY MS. HERR:

21 Q Dr. Kodalen, how many years have you had interactions with
22 my client?

23 A I would say less than one year.

24 Q Okay. You've been involved in his prior commitments; is
25 that correct?

1 A I was involved in one previous -- a recommitment filing. I
2 have a report dated September 15, 2020, which was submitted
3 to the Court.

4 Q Okay. Okay. And during your interview with my client, did
5 you notice any improvement in his behavior from the time he
6 was admitted to the date of the examination?

7 A I'm sorry. The time -- from the time he was admitted to --

8 Q Yep. To when you had the interview with him. Did you
9 notice any improvement in his behaviors?

10 A No, I did not.

11 Q Okay. What are the lesser restrictive options that you have
12 considered in this case?

13 A A stay of commitment, discharge.

14 Q And why is a stay not appropriate?

15 A It is my opinion that the respondent lacks insight or
16 willingness to engage in appropriate psychiatric treatment.
17 And without said treatment, I am concerned that he would be
18 on a poor prognosis with regards to his behavior and safety
19 to self and others.

20 Q Okay. And then why is a discharge not appropriate?

21 A For the same reasons. I believe the respondent requires
22 medical -- or psychiatric care, and I do not believe he
23 would do that voluntarily.

24 Q Okay. And do you have an opinion as to why he is compliant
25 with medication at times but then other times refuse

1 medication?

2 A I -- my opinion would be that that is related to the
3 respondent's presentation of disorganized thought patterns.
4 There are times when an individual is willing to comply, and
5 there are other times when they are not willing to comply,
6 and there's -- disorganized thought can influence that at
7 any given state.

8 Q And if he was discharged home to his mother, do you believe
9 that she has the capability of meeting his needs and
10 ensuring that he complies with services and medication?

11 A I cannot render an opinion. I have not spoken with the
12 mother. I have not seen the home. I have not -- I don't
13 feel like I can render an opinion on that.

14 MS. HERR: Okay, Your Honor. I don't have any
15 questions.

16 THE COURT: Any redirect?

17 MS. LIGHT: No, Your Honor.

18 THE COURT: All right. Dr. Kodalen, thank you.

19 And Ms. Light.

20 MS. LIGHT: I next call Dr. Gulrajani to testify.

21 THE COURT: Dr. Gulrajani, could you raise your
22 right hand, please.

23 CHINMOY GULRAJANI,

24 was called as a witness and, being first duly

25 sworn, was examined and testified as follows:

1 THE COURT: State and spell your full name for the
2 record, please.

3 THE WITNESS: My first name is Chinmoy,
4 C-H-I-N-M-O-Y; last name Gulrajani, G-U-L-R-A-J-A-N-I.

5 THE COURT: Ms. Light, you may proceed.

6 DIRECT EXAMINATION

7 BY MS. LIGHT:

8 Q Dr. Gulrajani, you're a licensed psychiatrist, trained and
9 practicing in the State of Minnesota?

10 A Yes.

11 Q And you were appointed by this Court to render an
12 independent opinion on the Jarvis petition in this case?

13 A Yes.

14 Q And did you author a written report to the Court in this
15 case?

16 A I did.

17 Q And was that filed in the court file on December 7th?

18 A Yes.

19 MS. LIGHT: Your Honor, I would offer what I have
20 marked as Exhibit 2, which is Dr. Gulrajani's report dated
21 and filed on December 7th and can be found in the court
22 record with index number 17. I would offer Exhibit 2.

23 THE COURT: Ms. Herr.

24 MS. HERR: No objection, Your Honor.

25 THE COURT: The Court will accept Exhibit 2 into

1 the record. You may proceed.

2 BY MS. LIGHT:

3 Q And you were present during the hearing just now for Dr.
4 Kodalen's testimony; is that correct?

5 A Yes.

6 Q Did you -- did you have an opportunity to review medical
7 records in preparation for your report and testimony today?

8 A Yes.

9 Q And when did you review those records?

10 A I received the records the 7th of December, and I reviewed
11 them after I received them.

12 Q Did you attempt an interview with the respondent?

13 A I did.

14 Q And was that over the phone?

15 A Yes.

16 Q Were you able to speak with him?

17 A No. I was informed by the hospital staff that he had
18 declined to speak with me.

19 Q Did you speak with anyone else at the hospital?

20 A I did not.

21 Q And Dr. Kodalen specified a diagnosis of schizoaffective
22 disorder. Do you agree with that diagnosis?

23 A I do.

24 Q As well as autism spectrum disorder?

25 A I do.

1 THE COURT: Mr. Helmer, are you still there?

2 Okay. Just checking. You may proceed, Ms. Light.

3 MS. LIGHT: Thank you.

4 BY MS. LIGHT:

5 Q And is schizoaffective disorder a disorder that is typically
6 treatable with neuroleptic medications?

7 A Yes.

8 Q Do you believe that the respondent has capacity to make
9 competent decisions regarding whether to take or refuse
10 neuroleptic medications?

11 A As to my review of the records, I do not.

12 Q And based on your review of the records, do you see any
13 indication whether the respondent demonstrates an awareness
14 as to the nature of his situation and the reasons for his
15 hospitalization?

16 A I do not.

17 Q Do you see anything in the record that would indicate that
18 he demonstrates an understanding regarding the risks and
19 benefits of neuroleptic medications?

20 A There is, in fact, nothing in the records that would
21 indicate that.

22 Q And by saying "nothing in the record," do you mean that the
23 record is silent on that or that the record indicates that
24 he does not understand?

25 A That he does not understand.

1 Q And is the respondent taking medications voluntarily in the
2 hospital?

3 A No, he's not.

4 Q And we've had discussions during this hearing with Dr.
5 Kodalen that the respondent had previously been under a
6 commitment order. Is that your understanding?

7 A Yes. In fact, last --

8 THE COURT: Mr. Helmer? Mr. Helmer? Okay. We
9 need to see you during the hearing, please, okay? All
10 right. Ms. Light, you may finish.

11 BY MS. LIGHT:

12 Q I was asking about his prior commitment order.

13 A That petition I was appointed as an examiner to render an
14 opinion about treatment with the electroconvulsive therapy.
15 So I, too, am familiar with -- somewhat familiar, with this
16 matter from before.

17 Q And that's referencing the recommitment petition that was
18 filed in September of this year?

19 A I apologize. No, I meant the petition last year. And I
20 believe that was in May 2019.

21 Q Okay. And was a Jarvis order issued in that case?

22 A I was only an examiner of the prior matter.

23 Q And was an ECT ordered in that case?

24 A Because my determination in this case was very narrow, I did
25 not follow through with that.

1 Q Okay.

2 MS. FULLER: Yeah, that's what fucked up his
3 memory, the ECT.

4 THE COURT: Okay, ma'am? During the testimony, we
5 can't have you talking as well. My court reporter is taking
6 things --

7 MS. FULLER: Okay, ma'am.

8 THE COURT: Thank you.

9 BY MS. LIGHT:

10 Q And so to be clear, before the Court today, there's only a
11 Jarvis petition for neuroleptic medications. ETC is not at
12 issue today at all?

13 A That's correct.

14 Q And so you indicated that he is not taking prescribed
15 medications voluntarily at this time; is that correct?

16 A When he initially came into the hospital, he refused all
17 medication. And psychiatric emergency was declared, so that
18 if he refused to take oral Zyprexa, he would be given
19 intermuscular injections of Zyprexa. Subsequently, he did
20 receive some of the muscular injections of Zyprexa. And
21 then while he was under the psychiatric emergency, he then
22 started taking oral medication. One of the unfortunate
23 effects of declaring that emergency is that there is some
24 enforcement to take the oral medication; and, you know, the
25 fact that he would be given injections if he doesn't take

1 it. But he has refused to take Lithium consistently, which
2 is another psychotropic medicine that has been prescribed
3 predominantly.

4 Q And so do you believe that treatment with neuroleptic
5 medications is necessary and reasonable in this case?

6 A Yes.

7 Q And do you believe that the benefits outweigh the risks?

8 A Yes.

9 Q Specifically in regard to this respondent?

10 A Yes.

11 Q And do you believe that the medications as listed in the
12 Jarvis petition could adequately treat his symptoms?

13 A Yes.

14 Q And so you are in support of entry of a Jarvis order with
15 the specific medications as listed in the petition?

16 A I am.

17 Q And you don't see any -- do you see any less restrictive
18 alternatives than the Jarvis order at the same time?

19 A I do not.

20 MS. LIGHT: No further questions.

21 THE COURT: Ms. Herr?

22 CROSS-EXAMINATION

23 BY MS. HERR:

24 Q Dr. Gulrajani, in the Jarvis petition, there are five
25 different medications that's recommended, correct?

1 MR. HELMER: Holy shit.

2 THE WITNESS: Yes.

3 BY MS. HERR:

4 Q The first one is Haldol; is that correct?

5 A Yes.

6 Q What is that medication? What are the symptoms that that
7 medication targets?

8 A The medication targets symptoms of psychosis, including
9 hallucinations; delusional thinking; disorganized thought;
10 and other emotional and behavioral symptoms related to the
11 illness.

12 Q How effective -- and the second medication is Prolixin.
13 What symptoms does that medication target?

14 A The -- all medications are meant for those symptoms.

15 Q Okay. And then going back to the Haldol, what are the risks
16 and benefits of that medication as it relates to my client?

17 A So we already spoke about the benefits. All the neuroleptic
18 medications are also effective in controlling agitation and
19 reduction in injurious behaviors that might arise on account
20 of the symptoms in this. That is another reason for
21 prescribing them. And in terms of the side effects, the
22 spectrum areas of medication like Haldol is more going to
23 cause motor side effects that could include tremors;
24 dystonias; and, in some, instances, an involuntary movement
25 disorder called tardive dyskinesia.

1 MS. FULLER: Yeah, that's not good.

2 THE WITNESS: On the other hand, the other end of
3 the spectrum, are medicines like Zyprexa that have very
4 little propensity to cause the motor side effects, but then
5 they can cause metabolic side effects, including weight
6 gain, high blood pressure, and (Fault audio/video). Most of
7 the medicines are also sedating, and those are some of the
8 common side effects.

9 BY MS. HERR:

10 Q So with respect to Clozaril, what is the intended use as it
11 relates to my client with that medication?

12 A The intended use is to treat the symptoms of psychosis,
13 which, in his case, include hallucinations; delusions;
14 disorganized thinking; and as a byproduct of those symptoms,
15 a related abnormal behavior is (Faulty audio/video) risk of
16 harm to himself and others around him.

17 Q So I see in his history that he was treated with Clozaril in
18 2009. What was the observation or the effective -- the
19 observed effectiveness or ineffectiveness of that medication
20 when he was taking it?

21 A My understanding is that the petition noted that he was
22 treated with Clozaril in 2019, not 2009.

23 Q Yes, 2019. I apologize.

24 A The petition notes that this medicine was effective in the
25 reported side effects.

1 Q Okay. And is that one of the current medications that he's
2 on right now?

3 A No. Currently he's on Zyprexa --

4 Q I don't have anything in the report that talks about his
5 current --

6 A Yeah. A review of record indicates that he's been on
7 Zyprexa since his hospitalization.

8 Q Okay. And another medication is Invega. What symptoms does
9 that target, and what are the risks and benefits to my
10 client with respect to this medication?

11 A The target symptoms of psychosis that include
12 hallucinations, delusions, disorganized thinking, and any
13 other emotional and behavior consequences of the symptoms of
14 this illness. Additionally, Invega also targets severe
15 agitation that might result with these symptoms.

16 Q Has my client ever been given this medication in the past?

17 A Not according to the petition or the records that I have
18 received.

19 Q Okay. And do you believe that the benefits of this
20 medication outweighs a risk as it relates to him?

21 A Yes.

22 Q Okay. Does my -- are you aware of any medical or underlying
23 health conditions that my client has that would have an
24 adverse effect to any of the medication that is being
25 recommended here?

1 A I am not.

2 Q Okay. Do you believe that my client can be successful with
3 taking medications on a voluntary basis without a Jarvis
4 order?

5 A I believe that medication is necessary for remission of
6 symptoms to the extent possible that he's able to care for
7 himself and maintain safe behaviors in the community upon
8 discharge.

9 Q Do you believe that he can successfully take medication on
10 his own without a Jarvis order being in place?

11 A I do not.

12 Q And why not?

13 A First off, he's refusing medicines in the hospital.
14 Secondly, he continues to have paranoid delusions. For
15 example, as recently as the 6th of December, he has voiced
16 his thought that the cranberry juice that was offered to him
17 was poisoned. Thirdly, his opposition to engaging with
18 treatment staff is such that he has, in fact, displayed not
19 only threats or violent behaviors against the staff which
20 were unprovoked. For example, on the 7th of December, when
21 the breakfast tray was brought to him, he threw the banana
22 at the staff member, subsequently punched the staff member,
23 and then another staff member came to the scene. He did not
24 allow that staff member to leave. And in light of these, my
25 impression is that he is far removed from the reality of the

1 MR. HELMER: Okay. I'm ready.

2 MS. HERR: This is your opportunity to testify.

3 THE COURT: Can you raise your right hand? Oh,
4 are you calling Mr. Helmer, Ms. Herr?

5 MS. HERR: Yes. He wants to testify, so yes.

6 THE COURT: All right. Mr. Helmer, can you raise
7 your right hand, please.

8 CHARLES HELMER,

9 was called as a witness and, being first duly

10 sworn, was examined and testified as follows:

11 THE COURT: Can you state and spell your full name
12 for the record, please.

13 THE WITNESS: C-H-A-R-L-E-S H-E-L-M-E-R.

14 THE COURT: All right. Ms. Herr, you may proceed.

15 DIRECT EXAMINATION

16 BY MS. HERR:

17 Q Thank you. Mr. Helmer, why were you taken to the hospital?

18 A The ambulance couldn't get the job done.

19 Q Okay. And what do you mean by that?

20 A The police.

21 Q What about the police?

22 A They own the ambulances.

23 Q Okay. So do you know why you were hospitalized?

24 MS. FULLER: Because he called the police, asking
25 for help.

1 THE COURT: Ms. Fuller, you cannot talk during his
2 testimony.

3 MS. FULLER: Okay. Can I talk after that, please?

4 THE COURT: No. You can only talk if somebody
5 calls you as a witness. You can't talk otherwise. And we
6 lost him.

7 MS. FULLER: Shit. Sorry.

8 THE COURT: No, you're fine.

9 (A brief break was taken for technical issues.)

10 THE COURT: All right. Then we'll proceed without
11 Mr. Helmer, seeing he has chosen not to partake in the
12 hearing any longer. And, Ms. Light, did you wish to make a
13 closing statement?

14 MS. LIGHT: Your Honor, I would just ask the Court
15 review all the exhibits and carefully consider the testimony
16 provided to the Court today and order a dual commitment, as
17 well as the Jarvis order.

18 THE COURT: And Ms. Herr.

19 MS. HERR: Your Honor, I would just advocate for
20 my client's position that he believes that he is ready to be
21 discharged and to go home and that he would be able to and
22 willing to comply with services and medication that would be
23 helpful to maintaining his mental health stability, that he
24 feels that his mother and home environment would be able to
25 ensure his safety and successful compliance. Thank you.

1 THE COURT: Thank you. The Court will take it
2 under advisement; review the exhibits and notes from the
3 testimony. I will take it under advisement. Thank you.

4 (The hearing was concluded at 12:59 p.m.)
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STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF DAKOTA

FIRST JUDICIAL DISTRICT

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In the Matter of the Civil Commitment of:

Charles Helmer,

Respondent.

- - - - -

I, Davis Wille, do hereby certify that I am one of the Official Court Reporters of the District Court of the First Judicial District of the State of Minnesota; that as such reporter I reported in shorthand the proceedings had on the hearing of the above action; that I thereafter caused the same to be transcribed into typewriting under my supervision and control; that the foregoing pages of typewritten matter, consisting of 31 pages constitute a full, true and correct transcription of such hearing to the best of my ability.

DATED: April 9, 2021

/s/ Davis Wille

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