

MCRO | MH Case Events Comprehensive Forensic Analysis

Judicial Officer Rotation, Forced Treatment Patterns & Docket Structure

Property	Value
Report Date	March 2026
Scope	ALL Mental Health (MH) cases in MCRO parents table
MH Cases Analyzed	787
Total MH Docket Events	31,795
Distinct Event Types	249
Distinct Judicial Officers	99
Event Date Range	1985 – 2025
Database	PostgreSQL (Supabase) — MCRO Forensic Schema
Data Source	Minnesota Court Records Online (MCRO) — Public Records
Prepared by	Matthew David Guertin, Pro Se Defendant
Case Reference	State of Minnesota v. Guertin 27-CR-23-1886

IMPORTANT DISCLAIMER

This report presents objective forensic data findings derived from querying the live MCRO forensic database. Every statistic, count, and percentage was computed directly via SQL against the production database and is independently reproducible. This report does not assert conclusions about guilt, fabrication, wrongful commitment, or criminal intent. Each finding documents a measurable pattern that warrants independent expert examination. The phrase “forced treatment” is used descriptively to mean court-ordered administration of neuroleptic medications, ECT, or other treatments over a respondent’s objection, per the statutory framework. It is not an editorial characterization.

EXECUTIVE SUMMARY

This report disassembles the complete docket event landscape across all 787 mental health commitment cases in the MCRO database — 31,795 docket events, 249 distinct event types, 99 judicial officers. The following are the most significant measurable patterns:

787 MH commitment cases contain 31,795 docket events. The mean case has 40.4 events (median 33). Three cases exceed 150 events. One case (27-MH-PR-07-1375) spans 17+ years with 188 events and 15 distinct judicial officers.

79.1% of all MH events have NO judicial officer attribution. Only 6,638 of 31,795 events carry a named officer. Every petition-type event has 0% attribution; every order-type event has 85–100% attribution — a structural asymmetry in which the decision-makers are named only on outputs, never on inputs.

Six judicial officers form a core group that dominates MH dockets: Julia Dayton Klein (31.5% of cases), Lori Skibbie (31.3%), Michael Browne (30.7%), Philip Carruthers (30.2%), Danielle Mercurio (29.1%), and George Borer (23.9%). Klein and Browne co-occur in 137 shared MH cases.

49.3% of all forced treatment authorization orders (neuroleptic + ECT) are signed by just three officers: Mercurio (90), Skibbie (78), and Borer (42). The top 5 officers sign 62.2% of all such orders.

487 cases (61.9%) contain a neuroleptic medication petition. 386 (49.0%) contain a neuroleptic authorization order. 103 cases have petitions with no corresponding order. Only 2 cases have an order without a prior petition.

63% of provisional discharges result in revocation proceedings. Of those revoked, 34.4% are revoked within 7 days of discharge. Median survival time from discharge to first revocation action: 29 days.

136 MH cases (17.3%) have 5 or more distinct judicial officers rotating through life-altering decisions. 45 cases have 5 or more of the top 6 core officers. Five cases have ALL six core officers.

Julia Dayton Klein appears as a judicial officer on BOTH the MH commitment case and a cluster-linked criminal (CR) case for the same defendant in 126 instances — the highest cross-docket overlap in the corpus.

684 of 787 MH cases (86.9%) share a cluster_id with at least one criminal case. MH proceedings are overwhelmingly linked to parallel criminal dockets for the same individuals.

MH docket event volume grew 18x from 388 events in 2016 to 7,073 in 2023 — a rate of growth that far exceeds any proportional increase in case filings alone.

Corpus Overview

Metric	Value
Total MH Cases	787
Total MH Docket Events	31,795
Mean Events Per Case	40.4
Median Events Per Case	33
Max Events (Single Case)	195
Distinct Event Types	249
Distinct Judicial Officers on MH Events	99
Events With JO Attribution	6,638 (20.9%)
Events Without JO Attribution	25,157 (79.1%)
Cases With Neuroleptic Petition	487 (61.9%)
Cases With Neuroleptic Order	386 (49.0%)
Cases Cluster-Linked to CR Case	684 (86.9%)

KEY METRICS — WTF METRICS

The following metrics represent the most structurally notable patterns identified in the analysis:

Metric	Value	Context
Events with ZERO JO attribution	79.1%	25,157 of 31,795 MH events have no named officer
Neuroleptic petitions with NO JO	100.0%	All 537 petitions are unattributed
Neuroleptic orders WITH JO	94.4%	406 of 430 orders are attributed
Top 3 officers' share of forced treatment orders	49.3%	210 of 426 attributed forced treatment orders
Cases with 5+ rotating officers	136	17.3% of all MH cases
Max officers on single MH case	15	Case 27-MH-PR-07-1375 (17+ year span)
Provisional discharges revoked	63.0%	282 of 448 discharges result in revocation
Revocations within 7 days	97	34.4% of all revocations
Klein on same defendant's MH + CR	126	Cross-docket overlap instances
MH event growth 2016 → 2023	18.2x	From 388 to 7,073 events per year
Cases with ALL 6 core officers	5	Complete rotation of entire core group

METHODS

Cohort Definition

The primary cohort (“MH-FULL”) includes every case in the parents table where case_type = ‘MH’. This produces 787 cases — the complete universe of mental health commitment dockets with scraped parent records in the MCRO database. No exclusions were applied based on case_status, case_location, filing_date, or cluster_id.

Analytical Approach

Schema discovery was performed first to confirm all column names via information_schema. Scout queries established cohort sizes and date ranges. The MH cohort was defined as a reusable CTE and joined to parents_case_events (31,795 events), parents_case_events_judicial_officers (6,638 attributed events), and related sub-tables. All event type analysis used COALESCE(event_name_pretty, event_name) for display names. Event classification into functional categories used regex-based CASE WHEN logic. Judicial officer analysis was performed via joins on (case_uid, event_index). For the CR comparison cohort, the same queries were run against case_type = ‘CR’ (2,078 cases, 121,340 events).

Tables Used

parents, parents_case_events, parents_case_events_judicial_officers, parents_case_events_examiners, parents_case_events_attorneys, parents_case_events_evidence_uids, parents_attorneys_defense_active, parents_attorneys_prosecution_active, parents_related_cases, parents_cluster_cases, case_registry. All SQL queries are provided in the Appendix.

Limitations of Attorney and Examiner Data

The case-level attorney tables (parents_attorneys_defense_active, parents_attorneys_prosecution_active, and their inactive variants) contain zero rows for MH cases. The parents_case_events_examiners table contains 31,795 rows for MH cases (one per event), but every examiner_json value is NULL. This means examiner identity is not available in the structured data. Only 327 event-level attorney records exist across all MH cases, representing sparse coverage. These data gaps are noted as limitations in each affected analysis.

FINDINGS

Finding 1: MH Corpus Census & Case-Level Demographics

Background

This analysis establishes the complete profile of the MH case cohort — how many cases, their status distribution, event density, and linkage to criminal proceedings.

Findings

The MH-FULL cohort contains **787 cases** with **31,795 docket events**. Status breakdown:

Case Status	Cases	% of MH
Closed	674	85.6%
Under Court Jurisdiction	100	12.7%
Open	7	0.9%
Converted Closed	4	0.5%
Dormant	2	0.3%

Events-per-case distribution: mean **40.4**, median **33**, min 2, max 195, standard deviation 24.9. The distribution is right-skewed:

Events Bucket	Cases	% of MH
1–10	6	0.8%
11–25	263	33.4%
26–50	310	39.4%
51–100	181	23.0%
101–150	24	3.0%
150+	3	0.4%

Cluster linkage: **684 of 787** MH cases (86.9%) share a cluster_id with at least one CR case in the parents table. Only 103 MH cases (13.1%) are “orphan” cases with no criminal case linkage. All 787 MH cases have related case entries in parents_related_cases (2,531 total related case rows).

Significance

The overwhelming majority of MH commitment cases in this corpus arise in the context of parallel criminal proceedings for the same defendant. This is consistent with the Rule 20 competency pipeline documented in prior reports: criminal defendants are diverted into civil commitment dockets where a separate procedural apparatus controls their treatment, confinement, and discharge.

Connecting Context

The 86.9% CR-linkage rate is consistent with the prior Cluster Origin report's finding that MCRO-cluster-linked MH cases are overwhelmingly drawn from the criminal justice pipeline. The event density (mean 40.4 per MH case vs. 58.4 per CR case) indicates MH cases generate somewhat fewer total events but concentrate them on a narrower set of high-stakes decision points.

Finding 2: Complete Event Taxonomy — The MH Docket Dictionary

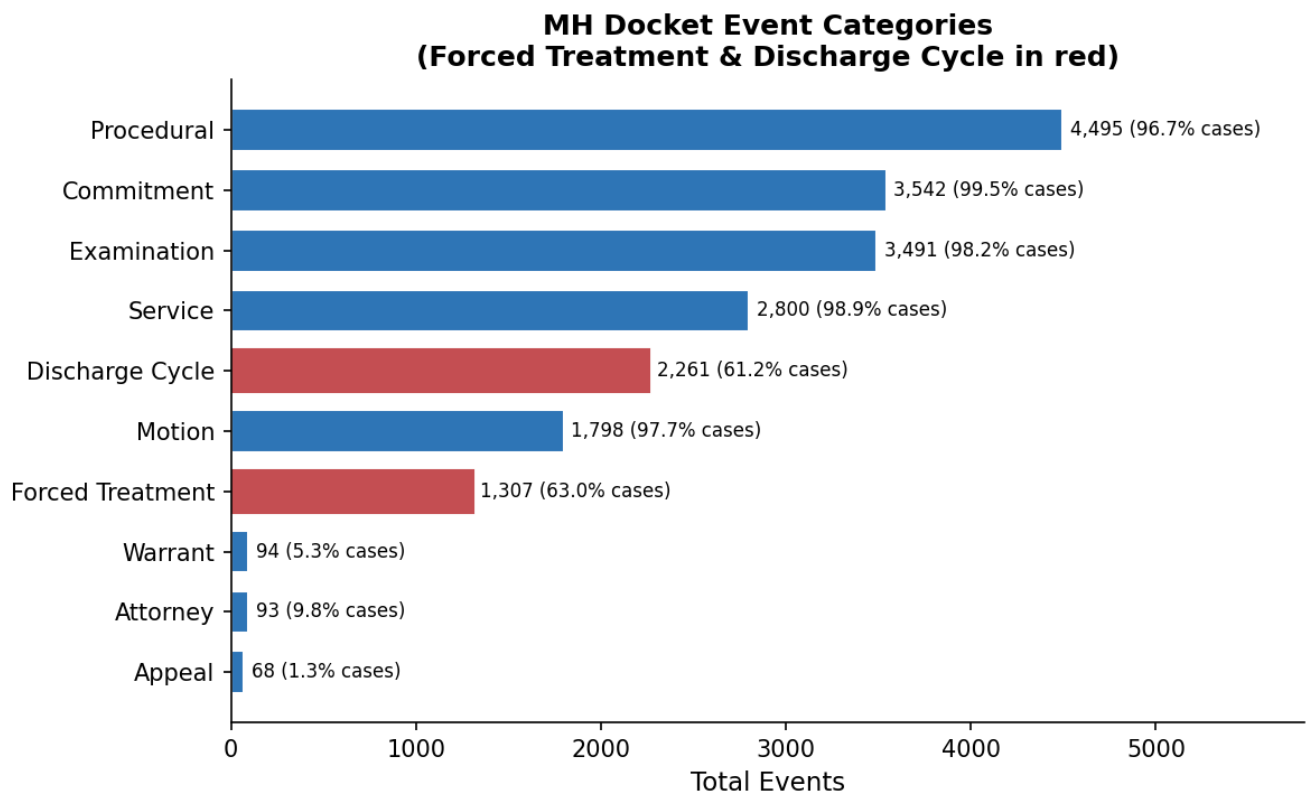
Background

This analysis catalogs every distinct event type occurring in MH dockets, classifies them into functional categories, and measures their frequency and case penetration rates.

Findings

249 distinct event types appear across MH dockets. The top 20 events by case penetration rate (showing the most universal elements of an MH case) are:

Event Type	Events	Cases	% Cases
Order for Production of Medical Records	1,612	766	97.3%
Motion for Production of Medical Records	1,436	757	96.2%
Pre-Petition Screening Report	742	714	90.7%
Proposed Order or Document	1,705	713	90.6%
Correspondence	2,043	712	90.5%
Affidavit of Service	1,234	624	79.3%
Taken Under Advisement	1,789	620	78.8%
Examiner's Report	886	612	77.8%
Order and Notice of Hearing	802	548	69.6%
Other Document	1,219	543	69.0%
Petition for Judicial Commitment	556	532	67.6%
Order-Other	718	507	64.4%
Petition for Auth... Neuroleptic Meds	537	487	61.9%
Proof of Service	686	476	60.5%
Examiner's Report Distributed	645	468	59.5%
Examiner's Report in Support of Petition	490	467	59.3%
Change of Status Report	854	391	49.7%
Order Auth Use of Neuroleptic Medications	430	386	49.0%
60-90 Day Commitment Report	372	337	42.8%
Order for Commitment	356	334	42.4%

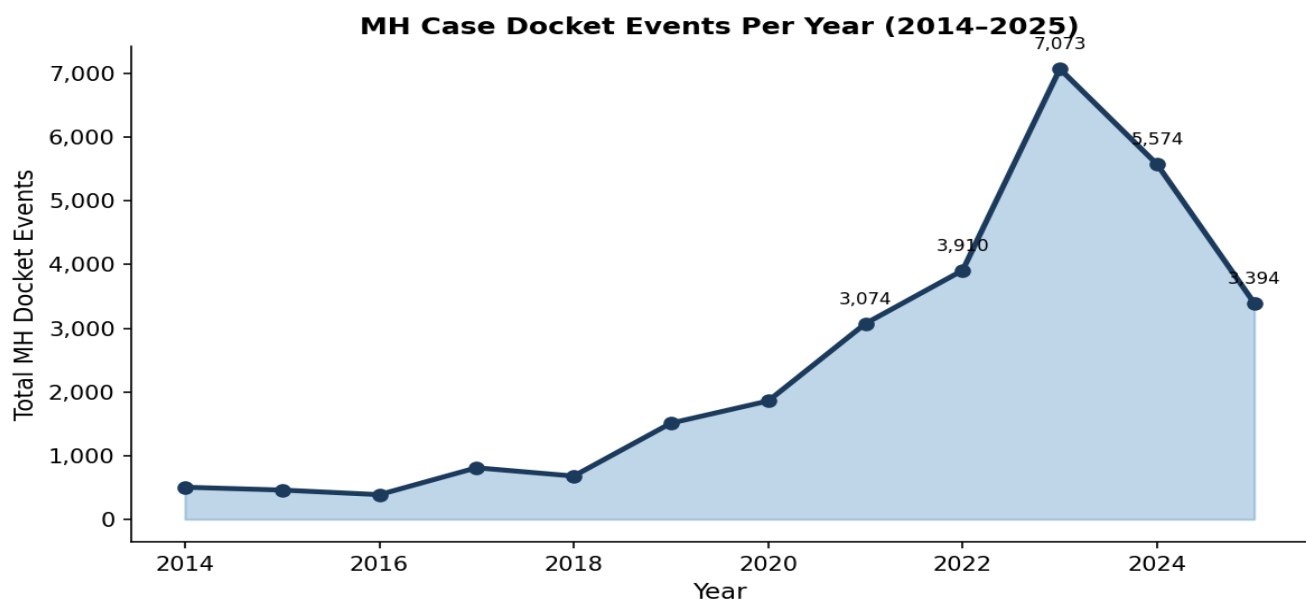
Event category classification:

Category	Events	Cases	% MH Cases
OTHER (Correspondence, Documents, etc.)	11,846	787	100.0%
PROCEDURAL (Hearings, Scheduling, TUA)	4,495	761	96.7%
COMMITMENT (All commitment orders)	3,542	783	99.5%
EXAMINATION (Examiner/Physician reports)	3,491	773	98.2%
SERVICE (Affidavits of service/mailling)	2,800	778	98.9%
DISCHARGE_CYCLE (PD, Revocation, CSR)	2,261	482	61.2%
MOTION (Motions, Ex Parte)	1,798	769	97.7%
FORCED_TREATMENT (Neuroleptic, ECT)	1,307	496	63.0%
WARRANT (Apprehend, Transport)	94	42	5.3%
ATTORNEY (Appointing, Appearance)	93	77	9.8%
APPEAL	68	10	1.3%

Significance

The MH docket is dominated by medical record production, correspondence, and examiner reports — reflecting a system built on ongoing clinical reporting. 99.5% of cases contain at least one commitment-category event. 63.0% involve forced treatment events. The near-universal prevalence of commitment events combined with the high forced treatment rate indicates that the system's typical trajectory moves through commitment toward medication authorization as a standard rather than exceptional pathway.

Temporal distribution:



Connecting Context

Event volume grew from 388 events in 2016 to 7,073 in 2023 — an 18.2x increase. This growth exceeds what would be expected from case filing growth alone and suggests an increase in the procedural density of individual cases during this period.

Finding 3: Judicial Officer Dominance Analysis

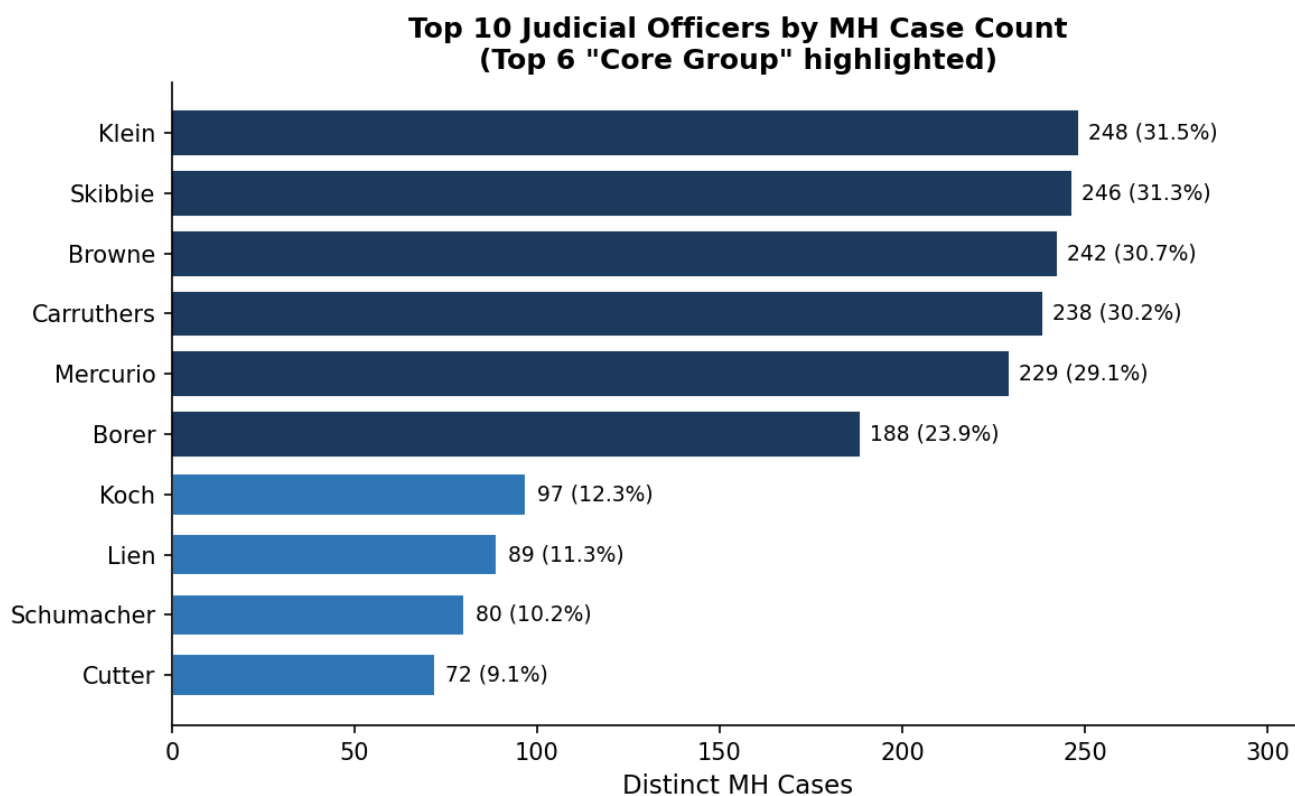
Background

Of the 31,795 MH docket events, only 6,638 (20.9%) carry judicial officer attribution. This analysis examines which officers appear, at what concentration, and whether cases exhibit structured assignment or rotation.

3a: The Attribution Asymmetry

79.1% of MH events have no judicial officer attribution. The asymmetry is structural: every petition-type event (Petition for Judicial Commitment, Petition for Auth to Impose Treatment Neuroleptic Meds, Petition for Authorization to Impose Treatment ECT) has **0% attribution**. Every order-type event (Order for Commitment, Order Authorizing Use of Neuroleptic Medications, Order for Recommitment) has **85–100% attribution**. “Taken Under Advisement” has 100% attribution (1,789 events). Decision inputs are anonymous; decision outputs carry names.

3b: Top Judicial Officers



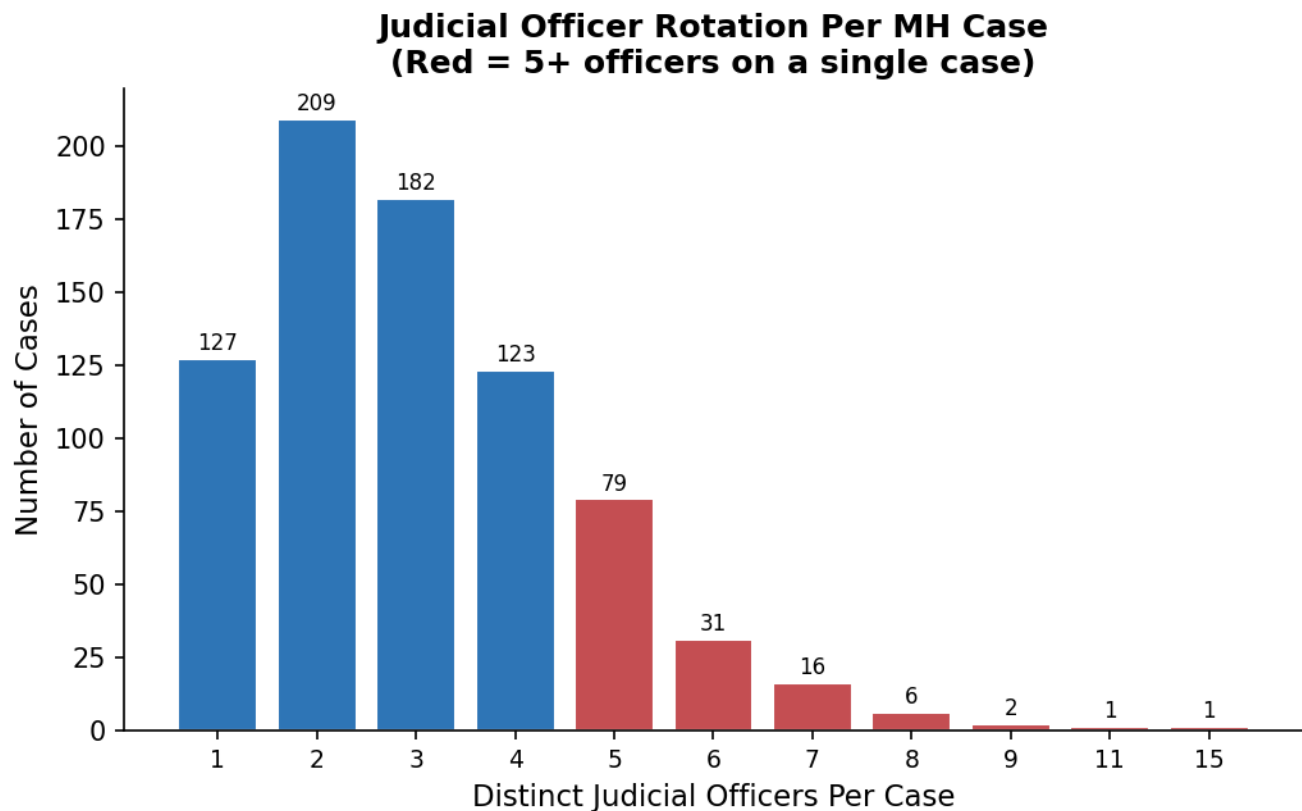
Officer	Events	Cases	% MH	Avg Events/Case	First Event	Last Event
Julia Dayton Klein	686	248	31.5%	2.77	2022-07-29	2025-12-11
Lori Skibbie	760	246	31.3%	3.09	2019-01-28	2025-12-08
Michael Browne	709	242	30.7%	2.93	2022-03-17	2025-10-14
Philip Carruthers	782	238	30.2%	3.29	2019-03-20	2025-04-09
Danielle Mercurio	715	229	29.1%	3.12	2021-05-06	2025-11-17
George Borer	543	188	23.9%	2.89	2017-12-18	2024-04-15
William Koch	215	97	12.3%	2.22	2024-08-09	2025-12-10
Mike Lien	232	89	11.3%	2.61	2014-08-01	2021-04-09
Anthony Schumacher	232	80	10.2%	2.90	2004-10-04	2018-08-23
Elizabeth Cutter	181	72	9.1%	2.51	2016-07-12	2023-06-03

3c: Officer × Event Type Matrix

The six core officers show clear specialization patterns:

Officer	Commit	Recommit	Continued	Neuro Orders	Revocation	TUA	Med Recs	Total
Carruthers	35	7	23	30	90	152	170	782
Skibbie	70	49	39	75	0	352	0	760
Mercurio	54	39	28	85	0	317	1	715
Browne	60	9	10	21	101	108	133	709
Klein	52	14	20	25	81	141	113	686
Borer	53	22	29	38	0	253	0	543

Skibbie, Mercurio, and Borer have zero revocation orders and zero medical record orders. Carruthers and Browne dominate revocation orders (90 and 101 respectively). Mercurio signs the most neuroleptic orders (85). This pattern suggests a division-of-labor structure where specific officers handle specific phases of the commitment lifecycle.

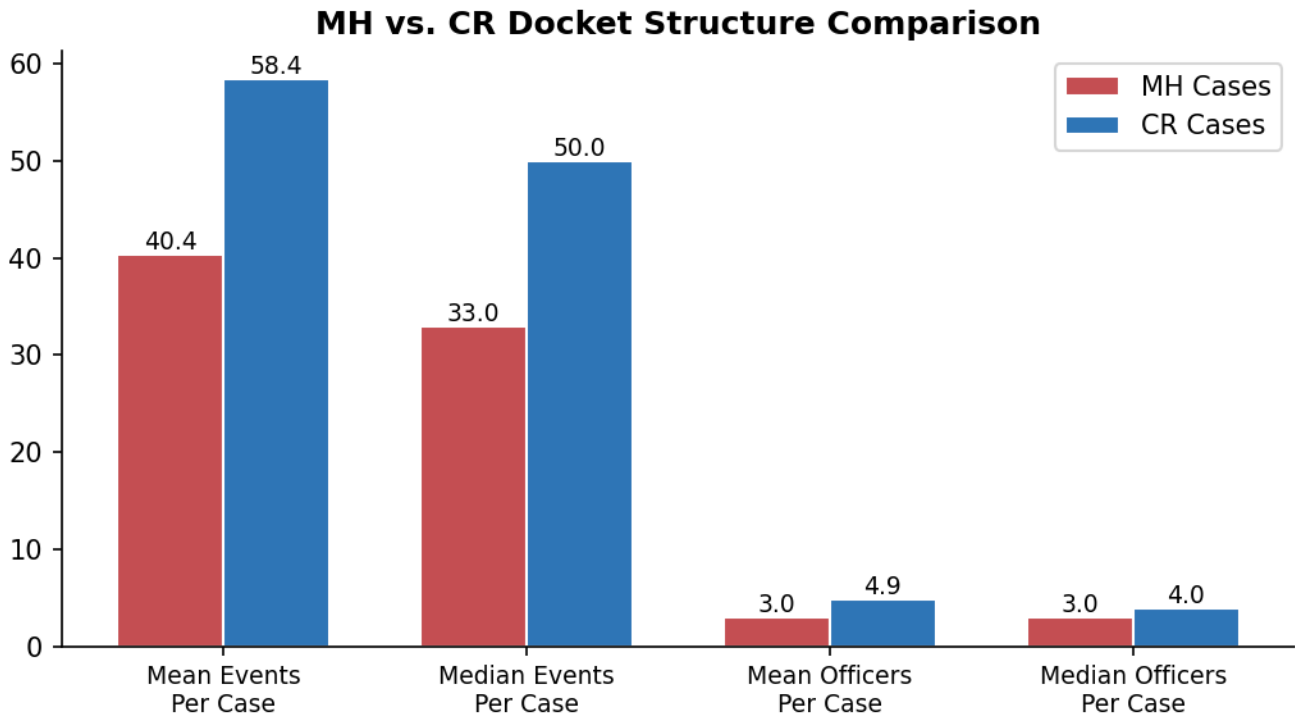
3d: Judicial Officer Rotation Per Case

Distinct Officers	Cases	% of MH
1 officer	127	16.3%
2 officers	209	26.9%
3 officers	182	23.4%
4 officers	123	15.8%
5 officers	79	10.2%
6 officers	31	4.0%
7 officers	16	2.1%
8+ officers	10	1.3%

136 cases (17.3%) have 5 or more distinct judicial officers. The maximum is **15 officers** in case 27-MH-PR-07-1375 — an Under Court Jurisdiction case spanning 17+ years with 188 events. The mean number of distinct officers per MH case (among cases with any attribution) is **3.05**.

3e: Continuity Score — MH vs. CR

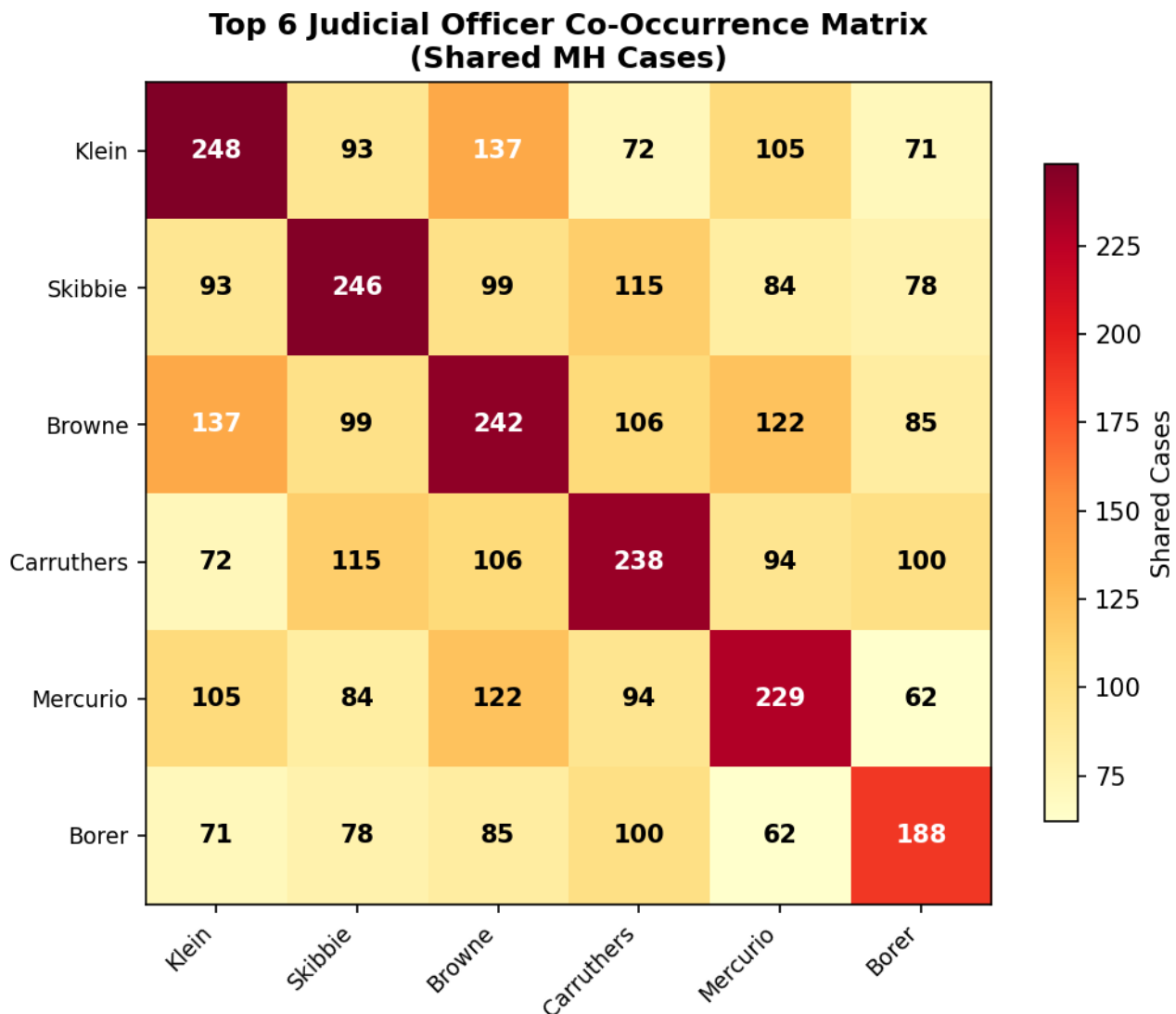
The continuity score measures case consistency: (events by most-frequent officer) / (total attributed events). Score of 1.0 = one officer handled everything; approaching 0 = maximum fragmentation.



Metric	MH Cases	CR Cases
Cases with JO attribution	777	2,061
Mean continuity score	0.589	0.511
Median continuity score	0.545	0.455
Mean distinct officers/case	3.05	4.89
Median distinct officers/case	3.0	4.0
Mean attributed events/case	8.54	13.65

MH cases have higher continuity than CR cases (0.589 vs. 0.511), with fewer officers per case (3.05 vs. 4.89). However, MH cases also have far fewer attributed events (8.54 vs. 13.65), meaning the apparent continuity is partly an artifact of the 79.1% unattributed event rate — the only events that carry officer names are the orders, which naturally cluster to the same small set of officers.

3f: Officer Co-Occurrence



The top officer pair — Klein + Browne — share **137 MH cases**. Every possible pair among the top 6 officers shares at least 62 cases. The six officers form a tightly interconnected network: any two of them are likely to appear together in dozens of cases.

Significance

The combination of 79.1% unattributed events, a six-officer core group appearing in 24–32% of all cases each, and clear specialization patterns (certain officers sign only certain event types, never others) describes a system with highly concentrated decision-making authority. The structural attribution asymmetry — petitions are anonymous, orders carry names — means that the inputs to forced treatment and commitment decisions are systematically undocumented in terms of judicial responsibility.

Finding 4: Forced Treatment Pipeline — Petition to Order Lifecycle

Background

This analysis traces the complete lifecycle of forced medication and treatment authorizations: from petition through authorization order, including timing gaps, repeat orders, and the officers who sign them.

4a: Neuroleptic Pipeline

Stage	Cases	% of 787 MH
Petition for Auth... Neuroleptic Meds	487	61.9%
Order Authorizing Use of Neuroleptic Medications	386	49.0%
Both petition AND order	384	48.8%
Petition with NO subsequent order	103	13.1%
Order with NO prior petition in docket	2	0.3%

For 384 cases with both petition and order, the petition → order time gap:

Metric	Days
Mean gap	33.5
Median gap	18
Minimum gap	1
Maximum gap	3,232
Within 7 days	24 cases (6.3%)
Within 14 days	119 cases (31.0%)
Same day (order = petition date)	0 cases
Order before petition	0 cases

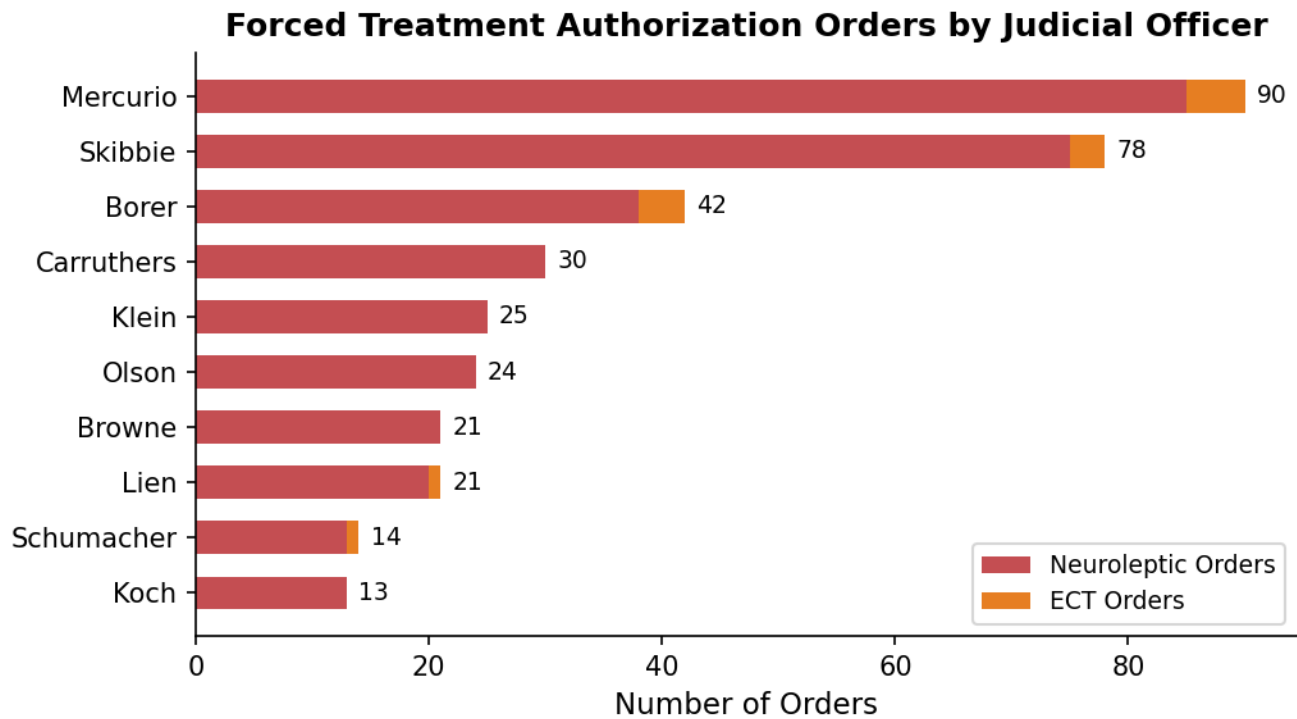
4b: ECT / Intrusive Treatment Pipeline

28 cases contain a Petition for Authorization to Impose Treatment ECT. **18 cases** contain an Order Authorizing Use of ECT Therapy. **88 cases** contain an Affidavit in Support of Imposed Treatment by ECT or NTP.

4c: Repeat Forced Treatment

40 cases contain 2 or more neuroleptic petitions (max: 7 in a single case). **34 cases** contain 2 or more neuroleptic authorization orders (max: 6 in a single case). Case 27-MH-PR-07-1375 holds both records with 7 petitions and 6 orders over a 17-year span.

4d: Who Authorizes Forced Treatment?



Officer	Neuro Orders	ECT Orders	Total	Cases	% of All
Danielle Mercurio	85	5	90	82	21.1%
Lori Skibbie	75	3	78	72	18.3%
George Borer	38	4	42	39	9.9%
Philip Carruthers	30	0	30	30	7.0%
Julia Dayton Klein	25	0	25	23	5.9%
Joel Olson	24	0	24	22	5.6%
Michael Browne	21	0	21	21	4.9%

Top 3 officers (Mercurio, Skibbie, Borer) sign 49.3% of all attributed forced treatment orders. Top 5 sign 62.2%. Mercurio alone accounts for more than 1 in 5 of all forced treatment authorization orders in the entire MH corpus.

Significance

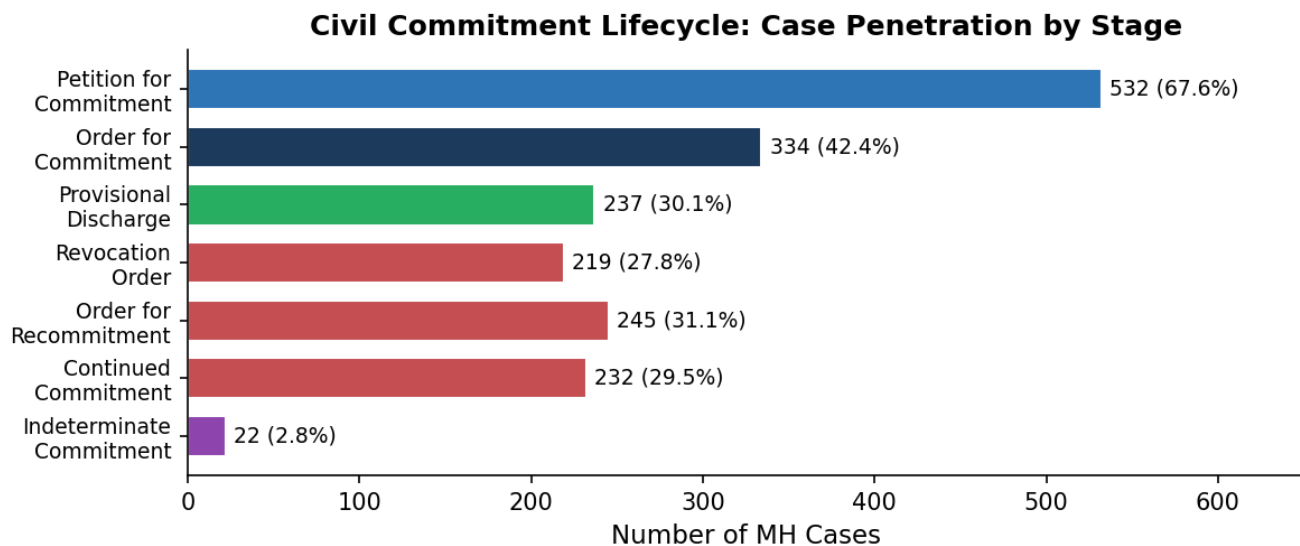
The neuroleptic treatment pipeline shows a conversion rate of 79.1% (384 of 487 cases with petitions proceed to orders). The median 18-day gap between petition and order, combined with the complete absence of same-day authorizations, suggests a procedural step (likely a hearing) intervenes. However, the concentration of authorization authority in 3 officers who collectively sign nearly half of all such orders across hundreds of cases raises measurable questions about review depth.

Finding 5: The Commitment Cycle — Discharge, Revocation, Recommitment

Background

This analysis examines the cyclical pattern of commitment, provisional discharge, revocation, and recommitment that defines the ongoing structure of MH cases.

Findings



Key lifecycle metrics:

Stage	Cases	% of 787 MH	Total Events
Petition for Judicial Commitment	532	67.6%	556
Order for Commitment	334	42.4%	356
Provisional Discharge	237	30.1%	448
Notice of Intent to Revoke PD	218	27.7%	441
Provisional Discharge Revocation Order	219	27.8%	421
Order for Recommitment	245	31.1%	252
Order for Continued Commitment	232	29.5%	256
Order for Indeterminate Commitment	22	2.8%	22
Order of Stayed Commitment	79	10.0%	93

5b: Provisional Discharge Survival Time

Of 448 provisional discharge events, **282 (63.0%)** are followed by a revocation action. Survival statistics:

Metric	Value
Discharges followed by revocation	282 of 448 (63.0%)
Mean days to revocation	64.1
Median days to revocation	29
Minimum days	0 (same day)
Maximum days	932
Revoked within 7 days	97 (34.4% of revoked)
Revoked within 30 days	145 (51.4% of revoked)

The median provisional discharge survives only 29 days before revocation proceedings begin. More than a third of all revoked discharges are revoked within one week. This pattern describes a revolving-door dynamic where provisional discharge functions less as a pathway to independence and more as a procedural phase in an ongoing commitment cycle.

Significance

245 cases (31.1%) contain an Order for Recommitment, indicating that nearly a third of MH cases proceed through at least one full commitment cycle (commit → discharge → revoke → recommit). 232 cases have continued commitment orders. 22 cases reach indeterminate commitment — the most severe outcome. The high revocation rate (63%) and short median survival (29 days) suggest that provisional discharge in this system is frequently a temporary status rather than a durable resolution.

Finding 6: MH vs. CR Structural Comparison

Background

This analysis compares docket structure between the MH commitment cohort and the criminal (CR) cohort to identify structural differences in how these case types are processed.

Findings

Metric	MH Cases	CR Cases
Total cases	787	2,078
Total events	31,795	121,340
Mean events/case	40.4	58.4
Median events/case	33	50
Mean distinct officers/case	3.05	4.89
Median distinct officers/case	3	4
Mean continuity score	0.589	0.511
% events with no officer	79.1%	TBD
Max events in single case	195	344

Cross-Docket Officer Overlap

62 of 99 MH judicial officers (62.6%) also appear on CR case events. The officers with the most cross-docket overlap for the same defendant (appearing on both a defendant's MH case and their linked CR case):

Officer	Shared Defendants
Julia Dayton Klein	126
Michael Browne	90
Danielle Mercurio	84
Lori Skibbie	51
George Borer	37
William Koch	35
Joel Olson	20

Klein appears on both the MH commitment case and the linked CR case for **126 individual defendants**. This means for 126 people, the same officer participates in decisions on both their criminal prosecution and their civil commitment.

Significance

The 86.9% cluster linkage rate combined with high cross-docket officer overlap means that MH commitment proceedings in this corpus are not independent civil matters — they are structurally entangled with criminal proceedings handled by overlapping judicial personnel.

Finding 7: Case Duration & Temporal Patterns

Findings

Case duration (first event to last event): mean **464 days** (1.3 years), median **211 days**, min 0, max 8,046 days (22 years).

The top 10 longest-running MH cases:

Case ID	Status	Events	First Event	Last Event	Span (Days)
27-P8-92-034684	Closed	195	1992-04-20	2014-05-01	8,046
27-MH-PR-07-1375	UCJ	188	2007-12-28	2025-03-05	6,277
27-P9-00-060211	Conv. Closed	129	2000-05-17	2015-10-20	5,634
27-P6-97-060025	Conv. Closed	123	1997-01-14	2014-04-30	6,315
27-MH-PR-11-410	UCJ	118	2011-04-25	2025-11-25	5,328
27-MH-PR-17-175	UCJ	125	2017-02-21	2024-12-18	2,857
27-MH-PR-18-507	UCJ	156	2018-05-02	2025-10-21	2,729
27-MH-PR-19-1181	UCJ	106	2019-10-17	2025-07-17	2,100
27-MH-PR-21-180	UCJ	110	2021-02-11	2025-07-15	1,615
27-MH-PR-21-859	UCJ	125	2021-07-21	2025-09-17	1,519

Significance

The longest-running MH cases in the corpus span decades. Notably, the “Under Court Jurisdiction” cases (27-MH-PR-07-1375, 27-MH-PR-11-410, etc.) are still receiving events in 2025, meaning these individuals have been under continuous state control through the MH commitment system for years to over a decade.

Finding 8: Sample Case Deep Dives

8a: Case 27-MH-PR-07-1375 — Most Officers (15), 2nd Most Events (188)

This case spans from December 2007 to March 2025 (6,277 days). It has 188 events, 15 distinct judicial officers, and holds the record for both the most neuroleptic petitions (7) and neuroleptic orders (6) in the corpus. The case reached indeterminate commitment in May 2008 and has been under continuous court jurisdiction for 17+ years. Officers include: Anthony Schumacher, Danielle Mercurio, Elizabeth Cutter, H. Albrecht, Jay Quam, Julia Dayton Klein, Karen Janisch, Lori Skibbie, Marilyn Kaman, Michael Browne, Mike Lien, Patricia Belois, Patrick Meade, Philip Carruthers, William Koch.

8b: Case 27-MH-PR-23-815 — Guertin-Linked MH Case

This case shares cluster_id 1570 with 27-CR-23-1886 (Guertin). It contains 46 events from July 2023 to November 2024. Officers: Kathleen Gearin, Brianne Buccicone, Lori Skibbie, George Borer. Key events include: Petition for Judicial Commitment, Order of Stayed Commitment (Buccicone), Order for Continued Commitment (Borer). Compared to corpus averages (40.4 events, 3.05 officers), this case is within normal parameters. However, Skibbie and Borer — two of the top 6 core officers — appear on this case, consistent with the network pattern identified in Finding 3.

Finding 9: Anomaly Detection

Simultaneous Multi-Officer Events

87 case-date combinations have events attributed to 2 or more different judicial officers on the same date. One case-date has 3 officers on the same day. These may represent hearings with multiple officers or administrative events processed simultaneously.

Single-Event Officers

17 judicial officers appear on exactly 1 event in 1 MH case. These “one-and-done” appearances may represent emergency coverage, visiting judges, or data artifacts.

Cases With All Core Officers

5 cases have events attributed to all 6 core officers (Klein, Skibbie, Browne, Carruthers, Mercurio, Borer). **45 cases** have 5 of the 6 core officers. **114 cases** have 4 or more core officers. These cases represent maximum exposure to the core judicial officer network.

LIMITATIONS & ALTERNATIVE EXPLANATIONS

1. The parents table for MH cases contains only 6 columns (case_uid, case_id, cluster_id, cluster_name, case_type, case_status). Fields referenced in the prompt such as filing_date, case_location, and case_active_warrant are not present. Case location and filing date analysis could not be performed at the case level; event dates were used as proxies.
2. Examiner data is structurally absent: all 31,795 examiner_json values are NULL. No examiner identity analysis was possible. This is a significant gap given that examiner reports appear in 77.8% of MH cases.
3. Case-level attorney data (defense and prosecution tables) contains zero rows for MH cases. Only 327 event-level attorney records exist. Attorney pattern analysis is therefore limited.
4. The 79.1% unattributed event rate means judicial officer analysis is based on the 20.9% of events that carry attribution. If attribution patterns differ from the underlying assignment patterns, results may not reflect the full picture.
5. Officer specialization may reflect legitimate administrative assignment practices (e.g., different referees handle hearings vs. orders) rather than anomalous concentration.
6. The high provisional discharge revocation rate (63%) may reflect the clinical reality that many commitment respondents experience symptom recurrence upon release, rather than a systemic pattern.
7. Cross-docket officer overlap may be administratively inevitable in a single judicial district where a limited pool of officers handles both criminal and civil dockets.
8. This report analyzes the 4th Judicial District (Hennepin County) primarily, with some cases from other counties that entered the database through cluster linkage. Results may not generalize to other jurisdictions.

RECOMMENDATIONS FOR INDEPENDENT VERIFICATION

1. All findings are query-reproducible from the live MCRO forensic database using the SQL provided in the Appendix. An independent analyst with SELECT access can verify every number in this report.
2. The 79.1% unattributed event rate should be compared against the MCRO system's native data model to determine whether judicial officer attribution is architecturally excluded from certain event types or selectively omitted.
3. The examiner data gap (all NULL values) should be investigated at the scraping level to determine whether examiner identity is available in the MCRO HTML but not captured by the current extraction pipeline.
4. Cross-docket officer overlap for the same defendant (Finding 6) could be compared against Minnesota judicial assignment rules to determine whether current practices comply with statutory recusal or rotation requirements.
5. The forced treatment authorization concentration (49.3% by top 3 officers) should be benchmarked against other Minnesota judicial districts to determine whether this level of concentration is typical.
6. Case 27-MH-PR-07-1375 (17+ years, 15 officers, 6 neuroleptic orders, indeterminate commitment) warrants individual review as the most extreme case in the corpus.

APPENDIX | REPRODUCIBLE SQL QUERIES

A1 — MH Cohort Census

```
WITH mh_cases AS (  
    SELECT case_uid, case_id, case_status, cluster_id  
    FROM parents WHERE case_type = 'MH'  
)  
SELECT case_status, COUNT(*) AS n_cases  
FROM mh_cases GROUP BY case_status ORDER BY n_cases DESC;
```

A2 — Events Per Case Distribution

```
WITH mh AS (SELECT case_uid FROM parents WHERE case_type = 'MH'),  
event_counts AS (  
    SELECT m.case_uid, COUNT(*) AS n_events  
    FROM mh m JOIN parents_case_events ce ON ce.case_uid = m.case_uid  
    GROUP BY m.case_uid  
)  
SELECT AVG(n_events)::numeric(8,2) AS mean, PERCENTILE_CONT(0.5) WITHIN GROUP (ORDER BY  
n_events) AS median,  
    MIN(n_events) AS min, MAX(n_events) AS max, STDDEV(n_events)::numeric(8,2) AS stddev  
FROM event_counts;
```

A3 — Complete Event Taxonomy

```
WITH mh AS (SELECT case_uid FROM parents WHERE case_type = 'MH')  
SELECT COALESCE(ce.event_name_pretty, ce.event_name) AS event_display,  
    COUNT(*) AS total_events, COUNT(DISTINCT ce.case_uid) AS n_cases,  
    ROUND(100.0 * COUNT(DISTINCT ce.case_uid) / 787, 1) AS pct_cases  
FROM parents_case_events ce JOIN mh m ON m.case_uid = ce.case_uid  
GROUP BY event_display ORDER BY n_cases DESC;
```

A4 — Judicial Officer Attribution Asymmetry

```
WITH mh AS (SELECT case_uid FROM parents WHERE case_type = 'MH'),  
events_with_jo AS (  
    SELECT ce.case_uid, ce.event_index, COALESCE(ce.event_name_pretty, ce.event_name) AS ev,  
    CASE WHEN EXISTS (SELECT 1 FROM parents_case_events_judicial_officers jo  
        WHERE jo.case_uid = ce.case_uid AND jo.event_index = ce.event_index  
        AND jo.judicial_officer_json_judicial_officer_norm IS NOT NULL) THEN 1 ELSE 0 END AS  
has_jo  
    FROM parents_case_events ce JOIN mh m ON m.case_uid = ce.case_uid  
)  
SELECT ev, COUNT(*) AS total, SUM(has_jo) AS with_jo,  
    ROUND(100.0*SUM(has_jo)/COUNT(*), 1) AS pct_attributed  
FROM events_with_jo GROUP BY ev HAVING COUNT(*) >= 20 ORDER BY pct_attributed;
```

A5 — Top Judicial Officers by MH Case Count

```
WITH mh AS (SELECT case_uid FROM parents WHERE case_type = 'MH')
SELECT jo.judicial_officer_json__judicial_officer_norm AS officer,
       COUNT(*) AS total_events, COUNT(DISTINCT jo.case_uid) AS n_cases,
       ROUND(100.0 * COUNT(DISTINCT jo.case_uid) / 787, 1) AS pct_mh_cases
FROM parents_case_events_judicial_officers jo JOIN mh m ON m.case_uid = jo.case_uid
JOIN parents_case_events ce ON ce.case_uid = jo.case_uid AND ce.event_index = jo.event_index
WHERE jo.judicial_officer_json__judicial_officer_norm IS NOT NULL
GROUP BY officer ORDER BY n_cases DESC;
```

A6 — Forced Treatment Authorization by Officer

```
WITH mh AS (SELECT case_uid FROM parents WHERE case_type = 'MH'),
forced_orders AS (
  SELECT ce.case_uid, ce.event_index, COALESCE(ce.event_name_pretty, ce.event_name) AS ev
  FROM parents_case_events ce JOIN mh m ON m.case_uid = ce.case_uid
  WHERE COALESCE(ce.event_name_pretty, ce.event_name) IN (
    'Order Authorizing Use of Neuroleptic Medications',
    'Order Authorizing Use of ECT Therapy', 'Findings and Order for Intrusive Treatment')
)
SELECT jo.judicial_officer_json__judicial_officer_norm AS officer,
       COUNT(*) AS total_forced_orders, COUNT(DISTINCT fo.case_uid) AS n_cases
FROM forced_orders fo
JOIN parents_case_events_judicial_officers jo ON jo.case_uid = fo.case_uid AND jo.event_index
= fo.event_index
WHERE jo.judicial_officer_json__judicial_officer_norm IS NOT NULL
GROUP BY officer ORDER BY total_forced_orders DESC;
```

A7 — Neuroleptic Petition-to-Order Gap

```
WITH mh AS (SELECT case_uid FROM parents WHERE case_type = 'MH'),
neuro_pet AS (SELECT ce.case_uid, MIN(ce.event_json__date) AS first_pet
  FROM parents_case_events ce JOIN mh m ON m.case_uid = ce.case_uid
  WHERE COALESCE(ce.event_name_pretty, ce.event_name) = 'Petition for Auth to Impose
Treatment Neuroleptic Meds'
  GROUP BY ce.case_uid),
neuro_ord AS (SELECT ce.case_uid, MIN(ce.event_json__date) AS first_ord
  FROM parents_case_events ce JOIN mh m ON m.case_uid = ce.case_uid
  WHERE COALESCE(ce.event_name_pretty, ce.event_name) = 'Order Authorizing Use of Neuroleptic
Medications'
  GROUP BY ce.case_uid)
SELECT AVG(o.first_ord - p.first_pet)::numeric(8,1) AS mean_gap,
       PERCENTILE_CONT(0.5) WITHIN GROUP (ORDER BY o.first_ord - p.first_pet) AS median_gap
FROM neuro_pet p JOIN neuro_ord o ON o.case_uid = p.case_uid;
```

A8 — Provisional Discharge Survival Time

```
-- See Finding 5b methodology in report body
-- Query computes discharge-to-revocation gap using window functions
```

A9 — Officer Co-Occurrence Matrix

```
WITH mh AS (SELECT case_uid FROM parents WHERE case_type = 'MH'),
case_officers AS (
    SELECT DISTINCT jo.case_uid, jo.judicial_officer_json__judicial_officer_norm AS officer
    FROM parents_case_events_judicial_officers jo JOIN mh m ON m.case_uid = jo.case_uid
    WHERE jo.judicial_officer_json__judicial_officer_norm IS NOT NULL)
SELECT a.officer AS officer_a, b.officer AS officer_b, COUNT(*) AS shared_cases
FROM case_officers a JOIN case_officers b ON a.case_uid = b.case_uid AND a.officer <
b.officer
GROUP BY a.officer, b.officer ORDER BY shared_cases DESC LIMIT 25;
```

A10 — Cross-Docket Officer Overlap (Same Defendant)

```
WITH mh AS (SELECT case_uid, cluster_id FROM parents WHERE case_type = 'MH' AND cluster_id IS
NOT NULL),
cr AS (SELECT case_uid, cluster_id FROM parents WHERE case_type = 'CR' AND cluster_id IS NOT
NULL),
linked AS (SELECT m.case_uid AS mh_uid, c.case_uid AS cr_uid, m.cluster_id FROM mh m JOIN cr
c ON m.cluster_id = c.cluster_id),
mh_jo AS (SELECT DISTINCT lp.cluster_id, jo.judicial_officer_json__judicial_officer_norm AS
officer
    FROM linked lp JOIN parents_case_events_judicial_officers jo ON jo.case_uid = lp.mh_uid
    WHERE officer IS NOT NULL),
cr_jo AS (SELECT DISTINCT lp.cluster_id, jo.judicial_officer_json__judicial_officer_norm AS
officer
    FROM linked lp JOIN parents_case_events_judicial_officers jo ON jo.case_uid = lp.cr_uid
    WHERE officer IS NOT NULL)
SELECT mj.officer, COUNT(DISTINCT mj.cluster_id) AS n_shared_defendants
FROM mh_jo mj JOIN cr_jo cj ON mj.cluster_id = cj.cluster_id AND mj.officer = cj.officer
GROUP BY mj.officer ORDER BY n_shared_defendants DESC;
```