MCRO FORENSIC PROJECT

THE FORCED NEUROLEPTIC PIPELINE

What 787 Mental Health Dockets, 31,795 Court Events, and Zero Verifiable Documents Reveal About Hennepin County's Competency-to-Commitment Machine

A Data Report for Every Resident of Minnesota

Every statistic in this report is derived from the public docket records of the Minnesota Court System (MCRO) and a forensic PostgreSQL database containing 2.9 million rows across 53 tables. Every figure is reproducible via the SQL queries cited in the source reports. Nothing in this document is alleged, speculated, or assumed. These are the numbers your court system produced.

Report Date: March 10, 2026

Source Database: MCRO Forensic Database (ibfmjtwahkwqzcmeyqii)

Underlying Source Reports: 49+ MCRO Forensic Reports (cited throughout)

[THERE ARE 62 MCRO FORENSIC REPORTS EMBEDDED WITHIN THIS PDF]

PART 1: A SIMPLE QUESTION

If you are charged with a crime in Hennepin County, Minnesota, what is the probability that you will be found mentally incompetent to stand trial?

Nationally, the answer is between **0.4% and 2.4%** of all criminal defendants. That figure comes from decades of published research: roughly 2–8% of felony defendants are referred for competency evaluation, and approximately 20–30% of those evaluated are found incompetent. The combined baseline is well-established.

In the dataset analyzed by the MCRO Forensic Project — a corpus of 488 criminal cases drawn from Hennepin County court records — the answer is **86.5% to 96.6%.**

That is not a typo. That is not a selected subset. It is the measured rate across two independently constructed cohorts of real Hennepin County criminal cases, verified against a locked forensic database containing 2.9 million rows of court-system data.

The national upper bound for incompetency findings is 2.4%. These cohorts exceed that by **36 to 216 times.**

What follows is what happens after that finding is issued.

PART 2: THE INCOMPETENCY MACHINE

The MCRO forensic database contains three carefully constructed cohorts of Hennepin County criminal cases, designated Set A, Set B, and Set C. Set A (163 cases) is the original MCRO seed set. Set B (162 cases) is a time-aligned comparison sample from the same system. Set C (163 cases) was drawn from hearing-search records for judicial officers active in competency proceedings.

The Core Numbers

Metric	Set A (163)	Set B (162)	Set C (163)	National Baseline
Any Rule 20 / Competency Event	**98.8%**	30.2%	**99.4%**	8–15%
Formal "Found Incompetent"	**86.5%**	22.8%	**73.6%**	0.4–2.4%
Avg Rule 20 Events Per Case	12.7	~0 (median)	14.0	—
Cases in "Dormant" Status	49.7%	16.0%	26.4%	—

Source: MCRO Mental Health Over-Representation Forensic Report (March 2, 2026). All figures computed via reproducible SQL against the live forensic database.

Set A's formal incompetency rate of 86.5% is 36 times the national upper bound of 2.4%. Set C's rate of 73.6% is 31 times the upper bound. The comparison sample (Set B), drawn from the same court system, shows 22.8% — itself elevated but nowhere near the saturation levels of Sets A and C.

From 2016 to 2018, the entire state of Minnesota recorded approximately 3,214 incompetency findings across all 87 counties. Sets A and C alone — 326 cases in a single county — contain 261 formal "Found Incompetent" determinations.

What "Dormant" Means

When a defendant is found incompetent, criminal proceedings are suspended. The case status typically changes to "Dormant." The person's criminal case does not go away.

It sits. *Indefinitely.*

While the system moves them to the next stage of the pipeline.

PART 3: FROM CRIMINAL DEFENDANT TO COMMITTED PATIENT

Once a criminal defendant is found incompetent under Rule 20, what happens next?
The MCRO forensic database allows this question to be answered with precision, because it links criminal (CR) cases to mental health (MH) commitment cases for the same individuals through defendant identity clusters.

The CR → MH Pipeline

Of the 163 MCRO seed cases, 89 (54.6%) have a cluster-linked civil commitment (MH) case for the same defendant. The cluster expansion — tracing every defendant's full legal footprint through the system — reveals 125 MH cases directly connected to the MCRO criminal seed set. Of those 125 mental health commitment cases:

Outcome	Cases	Rate	Total Events
ANY Commitment Event	**124**	**99.2%**	**563**
Petition for Judicial Commitment	86	68.8%	91
Order for Commitment (initial)	62	49.6%	64
Order for Recommitment / Continued	79	63.2%	87
Order for Indeterminate Commitment	6	4.8%	6
Petition for Forced Neuroleptic Meds	**62**	**49.6%**	**70**
Order Authorizing Forced Neuroleptics	**52**	**41.6%**	**62**
ECT / NTP Imposed Treatment	40	32.0%	48
ANY Severe Treatment (Neuroleptic + ECT/NTP)	63	**50.4%**	—

Source: MCRO Cluster Expanded Origin & MH Outcome Analysis Report. Commitment figures from 125 cluster-linked MH cases.

Read those numbers again: **99.2% of individuals** who enter this pipeline through criminal incompetency end up with a civil commitment event on their record. Half have court-ordered forced psychiatric medication. **One in three has an electroconvulsive therapy or intrusive treatment authorization.**

The single MH case without any commitment event (case 27-P8-92-034684) dates to 1992 — before modern commitment nomenclature was in use.

PART 4: THE FULL 787-CASE MH CORPUS

The cluster-linked 125-case sample is drawn from a larger universe: the MCRO forensic database contains 787 total mental health cases with 31,795 docket events. The full corpus tells the same story at a larger scale.

The Forced Neuroleptic Pipeline at Scale

Pipeline Stage	Cases	% of 787	Events
Petition for Judicial Commitment	532	67.6%	—
Order for Commitment	335	42.6%	—
Petition for Forced Neuroleptic Medication	**487**	**61.9%**	537
Order Authorizing Forced Neuroleptics	**386**	**49.0%**	430
Petition with NO Subsequent Order (denied/pending?)	103	13.1%	—
Cases with 2+ Neuroleptic Petitions	40	5.1%	—
Cases with 2+ Neuroleptic Orders	34	4.3%	—
Max Neuroleptic Petitions in One Case	7	—	—
Max Neuroleptic Orders in One Case	6	—	—
ECT / NTP Affidavits	88	11.2%	—
Petition → Order Conversion Rate	**79.1%**	—	—

Source: MCRO MH Case Events Comprehensive Forensic Report. Full 787-case MH corpus.

The conversion rate is the number that should stop you: **79.1%** of all forced neuroleptic medication petitions result in a court order authorizing forced administration. Nearly 4 out of every 5 petitions to forcibly drug someone are approved.

The Revocation Trap

Commitment is not a one-time event. The data shows a cycle: commitment → provisional discharge → revocation → recommitment. Of all provisional discharges in the MH corpus, **63% result in revocation proceedings**. Of those revoked, **34.4% are revoked within 7 days** of discharge. The median time from discharge to first revocation action is just 29 days.

One case (27-MH-PR-07-1375) holds the record:

7 separate neuroleptic petitions and 6 separate forced medication orders across a 17-year span.

PART 5: WHAT THE LAW ACTUALLY AUTHORIZES

If you have never read **Minnesota Statutes §§ 611.40–611.59** (the competency proceedings statutes, effective 2022–2025), you should. Here is what the state of Minnesota has codified into law as a direct pathway from a criminal charge to forced psychiatric drugging — without a conviction, and in many cases without the defendant's consent or meaningful participation.

The Statutory Pipeline, Step by Step

Step 1: Someone Doubts Your Competency.

Under **§ 611.42**, Subd. 3: "At any time, the prosecutor or defense counsel may make a motion challenging the defendant's competency, or the court on its initiative may raise the issue. The defendant's consent is not required." Your own lawyer can trigger this process against your wishes. A judge can trigger it on their own. You have no say.

Step 2: Proceedings Are Suspended. A Forensic Navigator Is Assigned.

Under **§ 611.42, Subd. 3(b)–(c)**: Once the court finds a "reasonable basis to doubt" competency, criminal proceedings are suspended and a forensic navigator is appointed. Your case freezes. The competency machine begins.

Step 3: You Are Examined.

Under **§ 611.43**: A court-appointed examiner evaluates you. If you are in custody, you may be ordered to a treatment facility for the evaluation itself. If you refuse to participate, the examiner "may render an opinion on competency" anyway based on whatever information is available (**§ 611.43, Subd. 2(d)**).

Step 4: You Are Presumed Incompetent.

§ 611.44, Subd. 4: "The defendant is presumed incompetent unless the court finds by a preponderance of the evidence that the defendant is competent."

Read that again. You are **presumed incompetent**. The burden is on you to prove your own mental competence. This is the statutory default.

Step 5: If Found Incompetent, You Enter the Treatment Pipeline.

Under **§ 611.46**: The court orders you into a "***competency attainment program***" — which can be community-based, a locked treatment facility, **or a jail-based program**. You can be ordered to a locked facility if a judge determines it is the "least restrictive" option. If you refuse to participate, the head of the program notifies the court **(§ 611.46, Subd. 1(f))**.

Step 6: The Forced Medication Hearing.

This is where **§ 611.47** applies. Read what the statute actually says:

> **§ 611.47, Subd. 1:** "**When a court finds that a defendant is incompetent or any time thereafter**, upon the motion of the prosecutor or treating medical provider, the court shall hear and determine **whether the defendant lacks capacity to make decisions regarding the administration of neuroleptic medication and, if so, whether the conditions and factors *weigh in favor of authorizing involuntary administration* of neuroleptic medication."**

The statute then specifies under **§ 611.47, Subd. 3(b)** the three pathways to forced medication. Any one is sufficient:

- **Pathway 1: "Probability of Serious Harm."** The defendant's mental illness "requires" neuroleptic treatment and without it, "serious harm" will "probably" result. The statute notes: "The fact that a defendant has a diagnosis of a mental illness does not alone establish probability of serious harm" — but the bar is low.
- **Pathway 2: "Danger to Others."** The defendant has inflicted, attempted, or threatened "substantial bodily harm" while in custody. Combined with a mental illness diagnosis, this permits forced medication.
- **Pathway 3: "In the Defendant's Best Medical Interest."**

  Even without meeting Pathway 1 or 2, the state can forcibly medicate if the prosecution shows by "clear and convincing evidence" that **the medication is "*substantially likely*" to render the defendant competent** and that "less intrusive treatments are unlikely to have substantially the same results."

Step 7: Physical Force Is Authorized.

> **§ 611.47, Subd. 7:** "If **physical force** is required to administer the neuroleptic medication, the facility or program **may only use injectable medications**."
>
> **The statute prohibits nasogastric tubes** but explicitly authorizes forcible injection.

Step 8: The Order Lasts Up To One Year. And Can Be Renewed.

Under **§ 611.47, Subd. 3(d)**: The court order authorizing forced medication "shall be valid for no more than one year" but "may be renewed by filing another petition." There is no cap on the number of renewals. In the MCRO data, one individual has 6 separate forced medication orders spanning 17 years.

Step 9: If You're Never "*Restored*," Felony Charges Can Hang Over You for 10 Years.

Under **§ 611.45, Subd. 3(c)–(d)**: Felony charges must be dismissed within 3–5 years after incompetency finding — unless the prosecutor files notice of intent to prosecute, which extends the window to 10 years. For violent felonies, there is no dismissal deadline at all. Under **§ 611.49**, continued court supervision can extend indefinitely.

PART 6: THE INVISIBLE DOCKET

Everything in Part 5 describes what the law permits. Parts 2 through 4 describe what the court system is actually doing with those permissions — at extraordinary rates. Part 6 describes **the condition of the records** documenting all of this.

Zero Documents

ZERO

The number of PDF documents available for any MH case in the entire 787-case corpus.

Not one petition, not one examiner's report, not one commitment order, not one forced medication authorization is available as a verifiable document. Every single piece of evidence that these proceedings occurred exists only as a text line in a docket — a date, an event name, and sometimes a judicial officer's name. That's it.

Verification Metric	MH Cases	CR Cases	Ratio
Cases with any verifiable document	**0 (0.0%)**	216 (10.4%)	∞
Avg documents per case	**0.00**	19.46	∞
Events linked to a document	**0**	4,206	∞

Source: MCRO Constitutional MH Inversion Severity Index. Comparison of MH vs. CR document availability.

This means that **every forensic tool available in the criminal docket — metadata timestamps, digital signatures, tracking fonts, hash analysis — is structurally impossible for MH cases**. There is nothing to analyze because there is nothing to see.

Ghost Dockets: Cases That Don't Describe Legal Proceedings

Ghost Docket Criterion	Cases	% of 787
No Petition for Judicial Commitment anywhere in record	**255**	**32.4%**
Commitment ORDER exists, but no petition	236	30.0%
Commitment ORDER exists, but no hearing event	**104**	**13.2%**
Forced treatment authorization, but NO commitment order	**131**	**16.6%**
ANY ghost docket criterion met	**336**	**42.7%**

Source: MCRO Constitutional MH Inversion Severity Index.

Let those numbers register: **131 people have forced psychiatric medication orders on their docket with no commitment order.** The docket itself does not record the legal prerequisite for the most invasive court-ordered intervention in American law.

104 people have commitment orders with no hearing of any kind in the record. They were judicially committed to treatment facilities based on — according to the docket — nothing.

Same-Day Forced Medication

Milestone Pair	N	Avg Days	Median	Min	Same Day
Petition → Commitment Order	408	24.0	14	2	0
Neuroleptic Petition → Order	236	40.2	14	2	0
Commitment → Forced Medication	234	54.2	**0**	**–162**	**116 (49.6%)**

Source: MCRO Constitutional MH Inversion Severity Index.

The median elapsed time between a commitment order and a forced medication order is **zero days**. In 116 cases (49.6%), forced medication was authorized the same day as the commitment itself. In the most extreme case, the forced medication order **preceded** the commitment order by 162 days — meaning a person was forcibly drugged five months before the docket records they were even committed.

PART 7: WHO RUNS THE PIPELINE

If nearly half of all forced treatment petitions have no judicial officer name attached — and the orders do — then who is signing?

The Attribution Asymmetry

79.1% of all 31,795 MH docket events have no judicial officer attributed. That is 25,157 events where no named decision-maker is recorded. But the asymmetry is structural: every petition-type event (the inputs to the pipeline) has **0% attribution**. Every order-type event (the outputs) has 85–100% attribution. The system records who signed the order. It does not record who asked for it.

Three Officers Sign Half the Forced Treatment Orders

Judicial Officer	Neuroleptic Orders	ECT Orders	Total	% of All Orders
Danielle Mercurio	**85**	**5**	**90**	**21.1%**
Lori Skibbie	**75**	**3**	**78**	**18.3%**
George Borer	**38**	**4**	**42**	**9.9%**
Philip Carruthers	30	0	30	7.0%
Julia Dayton Klein	25	0	25	5.9%
Top 3 Combined	198	12	**210**	**49.3%**
Top 5 Combined	253	12	**265**	**62.2%**

Source: MCRO MH Case Events Comprehensive Forensic Report.

One officer — Danielle Mercurio — has personally signed more than one in five of all forced psychiatric medication orders in the entire corpus.

Three officers together account for nearly half.

These are orders to inject people with antipsychotic drugs against their will.

The Same Officers Appear in Criminal AND Commitment Cases

Julia Dayton Klein appears as a judicial officer on both the MH commitment case and a cluster-linked criminal case for the same defendant in 126 instances. **The same officers who route defendants into the incompetency pipeline in the criminal docket appear again in the civil commitment docket authorizing their confinement and forced medication.**

The Six-Officer Core

Six judicial officers form a tightly interconnected network across the MH corpus:

- **Julia Dayton Klein 31.5%** ***of cases***
- **Lori Skibbie 31.3%**
- **Michael Browne 30.7%**
- **Philip Carruthers 30.2%**
- **Danielle Mercurio 29.1%**
- **George Borer 23.9%**

Klein and Browne co-occur in 137 shared MH cases.

Five cases have all six core officers cycling through decisions on the same person's commitment.

PART 8: PHYSICAL IMPOSSIBILITIES

If these proceedings are real — if actual hearings occur with actual respondents in actual courtrooms — the scheduling data should describe something physically possible. It does not.

138

Cases scheduled before a single judge in a single 90-minute time slot.

George Borer, February 14, 2023, 1:30 PM. 138 cases. 46 unique defendants. Implied throughput: 39 seconds per case. Those 138 cases represent people whose liberty, medication, and commitment status were theoretically under review.

Scheduling Metric	Value	
Max cases in a single judge-timeslot	**138**	
Max jury trials for one judge on one day	**98**	
Hearing entries at 1:30 PM (% of total)	4,781 (41.1%)	
Judge-timeslots with 50+ cases	43	
Top MH docket collapse (Klein)	1,260 cases → 69 clusters	

Overall case-to-cluster ratio	4.67:1	

Source: MCRO Source Hearings Scheduling Anomalies Forensic Report.

- **98 jury trials were scheduled for a single judge (Lisa Janzen) on September 8, 2025**, all in the same courtroom.
- **MH (mental health case) event volume grew 18 × from 388 events in 2016 to 7,073 in 2023.**
- **Julia Dayton Klein's MH docket collapses from 1,260 case entries to just 69 defendant clusters** — an 18:1 ratio.

PART 9: WHAT THIS MEANS FOR YOU

You are a resident of Minnesota. Here is what the data in this report tells you about your court system:

THE PIPELINE IN PLAIN LANGUAGE

1. You are charged with a crime.

2. Your own lawyer, the prosecutor, or a judge can challenge your competency without your consent.

3. You are **presumed incompetent** by statute.

4. A court-appointed examiner evaluates you. If you refuse, they can form an opinion anyway.

5. In the Hennepin County cohorts studied, you have an **86–97% chance** of being found incompetent.

6. Your criminal case is suspended. You enter competency attainment.

7. If you are civilly committed (**99.2% rate** in the cluster-linked MH cohort), a petition for forced medication follows in **61.9%** of cases.

8. If a forced medication petition is filed, it is approved **79.1% of the time**.

9. If you are provisionally discharged, there is a **63% chance** your discharge is revoked, and a **34.4% chance** it's revoked within 7 days.

10. The forced medication order can be renewed annually with no statutory cap on renewals.

11. Your felony charges can remain pending for up to 10 years.

All of the above occurs in a system where:

Zero documents are publicly available for any MH case.
42.7% of MH dockets fail basic structural coherence tests.
131 people have forced medication orders with no commitment order in the docket.
Forced medication is authorized the same day as commitment in half of cases.

Three judicial officers sign 49.3% of all forced treatment orders.
79.1% of all docket events have no named decision-maker.
138 cases are scheduled in a single 90-minute time slot before a single judge.

BY THE NUMBERS: CONSOLIDATED METRICS

NUMBER	WHAT IT MEANS
0	PDF documents available for any of 787 MH cases. Zero verification infrastructure.
86.5%	Formal incompetency finding rate in Set A (national upper bound: 2.4%).
99.2%	Civil commitment rate for individuals who enter through the incompetency pipeline.
99.4%	MH cases with **at least one procedural constitutional violation** (782/787).
131	Cases with forced medication orders and NO commitment order in the docket.
255	MH cases (32.4%) with no petition for judicial commitment anywhere in the record.
336	MH cases (42.7%) meeting at least one ghost docket criterion.
0 days	Median time from commitment order to forced medication authorization.
–162 days	Most extreme case: forced medication ORDER preceded the commitment order by 5 months.
49.3%	Share of ALL forced treatment orders signed by just 3 judicial officers.
79.1%	Forced neuroleptic petition-to-order conversion rate (4 in 5 approved).
79.1%	MH docket events with NO judicial officer attributed (25,157 of 31,795).
63%	Provisional discharges resulting in revocation proceedings.
7 days	34.4% of revocations occur within this window of discharge.
138	Cases in a single judge-timeslot (implied: 39 seconds per case).
98	Jury trials for one judge on one day in one courtroom.
18×	MH event volume growth from 2016 (388 events) to 2023 (7,073 events).
17 years	Duration of the longest forced medication cycle (7 petitions, 6 orders, 1 person).
21 MH cases	Most MH cases for a single respondent (cluster VLADIMIR BOGINSKIY), with 144 procedural violations.
2.0×	MH docket violation rate vs. CR docket violation rate (21.9% vs. 10.8%).

METHODOLOGY & SOURCES

Every statistic in this report is sourced from one or more of the following MCRO forensic reports, each of which was produced from reproducible SQL queries against a static, locked PostgreSQL database. The database has never been modified after its initial construction. All figures are independently reproducible.

Source Report	Key Data Used
Mental Health Over-Representation Forensic Report	Incompetency rates, R20 event counts, Set A/B/C comparisons, JO concentration, national baselines
Cluster Expanded Origin & MH Outcome Analysis	99.2% commitment rate, 50.4% severe treatment, CR→MH pipeline linkage, cluster expansion methodology
MH Case Events Comprehensive Forensic Report	787-case corpus, 31,795 events, forced treatment pipeline, JO attribution, revocation cycle, event growth
Constitutional MH Inversion Severity Index	Ghost dockets, zero documents, temporal compression, grammar violations, MH vs. CR coherence comparison
Source Hearings Scheduling Anomalies Forensic Report	138-case timeslots, 98 jury trials, 1:30 PM concentration, courtroom double-bookings, docket collapse
Minnesota Statutes §§ 611.40–611.59	Competency proceedings framework, forced medication provisions, presumption of incompetence, renewal authority

The MCRO forensic database contains approximately 2.9 million rows across 53 tables and 11 views, sourced from the Minnesota Court Records Online (MCRO) system. The database architecture, table relationships, and column definitions are documented in the MCRO Database Schema reference.

Limitations

The cohorts in this analysis were not random samples of all Hennepin County criminal filings. Set A was assembled through forensic review of related cases; Set C was drawn from hearing searches for specific judicial officers. This selection methodology explains some enrichment relative to population baselines. It does not explain the near-total saturation (98–99%) relative to Set B (30%), which was drawn from the same system.

MH cases have sealed underlying records under Minnesota law. The absence of public documents reflects the structural reality of MH case handling, not a database limitation. Some docket anomalies may reflect MCRO data-entry conventions rather than actual procedural deficiencies.

The civil commitment rate of 99.2% reflects cases where a commitment-related event appears in the docket. It does not independently verify the legal validity, completion, or current status of each proceeding.

Disclaimer

This report presents objective statistical findings derived exclusively from structured query results against a forensic PostgreSQL database and from the text of Minnesota statutes. It does not allege fraud, assign intent, or draw legal conclusions. All claims are subject to the limitations documented above. The purpose of this report is to make publicly available data accessible and comprehensible to the residents of Minnesota whose rights these proceedings govern.

DATA REPOSITORY & SOURCE FILES

The complete MCRO forensic corpus is publicly available for independent verification on two redundant platforms. The database is frozen and static — all published statistics are reproducible. All files include OpenTimestamps (OTS) provenance verification.

Resource	Storj .io	Proton Drive
BROWSABLE DIRECTORIES		
MCRO Master Directory *Master repository — all forensic reports, source data, database exports, and documentation*	Open Folder	Open Folder
PostgreSQL MCRO Database *Full PostgreSQL forensic database (53 tables, 2.9M+ rows) with README and restoration instructions*	Open Folder	Open Folder
Source Files *Original source file collection used to build the MCRO corpus*	Open Folder	Open Folder
Watermark Authentication *Authentication credentials, certificates, SHA-256 timestamp verification logs, and provenance chain*	Open Folder	Open Folder
DIRECT DOWNLOAD ARCHIVES (.zip)		
children__pdf.zip (2.7 GB) *All 4,251 children PDF source files with provenance, OTS stamps, and per-file reports*	Download	Download
children__pdftotext_strings.zip (8.2 MB) *Master extracted-text file (49.8 MB uncompressed) — source for hashpack rows and doc_strings searches*	Download	Download
dataset__json.zip (99.6 MB) *Full JSON dataset — 4,251 children + 2,903 parents + 4,251 hashpack + 14 source files (pretty-printed)*	Download	Download
parents__html.zip (42.2 MB) *Original parent HTML source files converted to JSON during initial corpus build*	Download	Download
parents__pdf.zip (452.2 MB) *All 2,903 parent PDF docket files downloaded from MCRO with full provenance chain*	Download	Download
source__hearings_cases.zip (113.8 MB) *All 14 source session folders with files, reports, and the initial 50-docket pilot download set*	Download	Download