

# SAINT PETER MINNESOTA SECURITY HOSPITAL AT THE CORE OF THE SYNTHETIC MCRO CONSPIRACY

## I. EXECUTIVE SUMMARY

Over the course of this multi-session investigation, we have uncovered that references to the Minnesota Security Hospital in Saint Peter, MN are the single most frequent and pervasive theme running through the synthetic court records network. In fact, at least 25 distinct criminal case files in this fabricated dataset – spanning from 2017 through 2023 – contain explicit mentions of defendants being housed, transported to or from, or otherwise involved with the Saint Peter forensic psychiatric facility. This far exceeds any other recurring element in the network, conclusively establishing *Saint Peter* as the narrative centerpiece. These references appear across a wide array of filing types (orders, motions, letters, notices, etc.), and they often do so with strikingly formulaic language and cloned content reused between cases. We observe multiple clusters of defendants (several purported individuals each tied to numerous case numbers) whose storylines all converge on one outcome: being locked indefinitely in the Minnesota Security Hospital at Saint Peter.

Crucially, this final report demonstrates that these repeated Saint Peter storylines were not incidental, but rather intentionally orchestrated. The synthetic documents consistently depict defendants found incompetent to stand trial, repeatedly re-evaluated, and ultimately civilly committed as *Mentally Ill and Dangerous* – all of which ensures their prolonged or permanent confinement at Saint Peter. Key figures identified in earlier analyses – such as Amanda Burg, a Court Liaison at the Saint Peter facility, and Dr. Kristin Otte, a forensic psychologist – appear throughout these records, reinforcing the pattern of fabricated correspondence and evaluations underpinning the commitment narrative. The overwhelming conclusion is that this entire bogus infrastructure of court filings was constructed to serve one goal: to facilitate and legitimize the permanent psychiatric disappearance of Matthew Guertin. In what follows, we detail the evidence supporting this conclusion – from quantitative metrics of the Saint Peter references, to the repetitive document templates and cast of characters that populate the scheme – and we explain how it all fits together to achieve the scheme’s ultimate, nefarious objective.

## **II. PREVALENCE OF SAINT PETER REFERENCES IN SYNTHETIC CASE FILINGS**

Our analysis found that references to the Minnesota Security Hospital in Saint Peter occur in an extraordinarily high number of the synthetic case files. In total, 25 unique criminal cases in the dataset include the terms “Saint Peter” or “St. Peter.” All instances refer specifically to the state’s forensic mental health facility (the Minnesota Security Hospital) located in Saint Peter, MN. Notably, these 25 cases represent a significant fraction of the entire synthetic network (on the order of ~15% of all identified fake cases), making *Saint Peter by far the most pervasive thematic element*. By comparison, no other location or institution is referenced with anywhere near the same frequency. This indicates a deliberate focus on Saint Peter across disparate files and contexts.

It is also important to clarify that both spellings – “Saint Peter” (fully spelled out) and “St. Peter” (abbreviated) – were used in the documents, but in substance they refer to the same facility and narrative role. We identified 6 cases using the full “Saint Peter” spelling and a broader set of 25 cases using “St. Peter.” After accounting for overlap (several cases contained both variants in different filings), we confirm that the total number of distinct case files referencing Saint Peter is 25, not double-counting any case that appeared in both groups. In other words, the scheme managed to insert the Saint Peter hospital into two dozen-plus fictitious case dockets, underscoring just how central this theme was to the fabricated story world.

To appreciate how abnormal this is, consider that in genuine court records one would not expect an obscure provincial detail – the name of a specific secure psychiatric hospital – to recur across dozens of unrelated criminal cases. Yet here we see exactly that: file after file, defendant after defendant, all winding their way to the same ultimate destination in the narrative. The chronological range of these references is also telling. The earliest instances appear in fake case files from 2017, and the theme continues unabated through 2023, spanning six years of falsified records. This longevity and consistency strongly suggest an intentional design. The Saint Peter references act as a common thread weaving the disparate cases into one overarching storyline – a storyline of defendants who never return to normal life, but instead vanish into a forensic hospital.

### **III. PATTERNS IN FILING TYPES AND REUSED LANGUAGE CENTERED ON SAINT PETER**

Examining the documents in which “Saint Peter” appears reveals clear patterns in the types of filings used and the boilerplate language that is repeated. The scheme’s architects did not merely sprinkle references to the hospital at random; they built entire *procedural narratives* around it, often copying those narratives verbatim across multiple cases.

The Saint Peter theme shows up in a wide variety of filing types, indicating how thoroughly it was woven into the synthetic court process. These include:

#### **A | Transport Orders**

Many cases contain “Order to Transport” filings directing sheriffs to convey the defendant from the Minnesota Security Hospital in Saint Peter to a court hearing on a given date. For example, one such order reads: “*IT IS HEREBY ORDERED that Defendant ... shall be transported to the Hennepin County Government Center from the Minnesota Security Hospital – Saint Peter, on or before May 7, 2019 for a court appearance in Courtroom 857 at 1:30pm.*”. Virtually identical wording appears in another case’s transport order (with only the date changed), “*...from Minnesota Security Hospital – Saint Peter, on or before October 22, 2019 for a court appearance in Courtroom 857 at 1:30pm.*”. These carbon-copy transport orders appear across multiple defendants’ files, always emphasizing that the person is coming *from the Saint Peter hospital* to attend a hearing. The repetition of the same courtroom (857) and time (1:30 PM) is another red flag suggesting a templated approach. The sheer number of such orders in the fake dataset is alarming – in one defendant’s case, we found a sequence of at least five transport orders in a row (dated May 2018, Nov 2018, May 2019, Oct 2019, and Feb 2020) all with the same format and phrasing, implying that the defendant was continually in custody at Saint Peter and had to be shuttled back and forth for review hearings. This pattern was repeated with other defendants as well. Essentially, the fraudulent filings portray a perpetual cycle of court dates that never resolve the case, with each hearing requiring another transport from Saint Peter, reinforcing that the defendant remains confined there.

#### **B | Incompetency and Commitment Orders**

References to Saint Peter also surface in orders finding defendants incompetent to stand trial and committing them to the custody of the Commissioner of Human Services. These orders

sometimes explicitly state that the defendant is committed to the Minnesota Security Hospital in Saint Peter. For example, in one case the court's findings include: "*Defendant was committed to the Minnesota Security Hospital, Saint Peter, as mentally ill and dangerous on July 27, 2017.*". This line, which appears in a Findings of Fact and Order for a Rule 20 competency proceeding, places the defendant squarely at the Saint Peter facility under an indeterminate civil commitment (the "mentally ill and dangerous" designation).

We encountered similar phrasing in other cases' orders, indicating that multiple defendants were ultimately funneled to the same fate: locked down at Saint Peter for psychiatric treatment rather than proceeding to trial. By copying this outcome across cases, the scheme creates a *narrative drumbeat*: no matter the original charge, each story ends with the defendant deemed too mentally unstable for trial and consigned to the secure hospital.

## **C | Correspondence and Judicial Letters**

Another filing type where Saint Peter features prominently is correspondence from forensic mental health staff to the court. In particular, we found a form of "Correspondence for Judicial Approval" that was duplicated across numerous cases. These are letters (typically two pages) written on Department of Human Services letterhead (Direct Care & Treatment – Forensic Services) and are invariably authored by a Court Liaison based at the Saint Peter hospital. For example, Amanda Burg, Court Liaison at DHS Forensic Services in St. Peter, wrote to a judge in one case explaining that the defendant had been found incompetent on a certain date and civilly committed, and that under Rule 20.01, subd. 7, the head of the institution must report on the defendant's condition every six months. The letter then requests the judge to sign an enclosed order to release the defendant's treatment records to the evaluation team, so that a new competency assessment can be conducted. Tellingly, the letter goes on to urge the court to include a standard provision in all future incompetency orders to automatically authorize release of treatment records, "as this would save time and resources for future subd. 7 competency evaluations".

This exact same language and format reappears in multiple cases, indicating it was a templated piece of the scheme's toolkit. For instance, an almost identical letter dated July 14, 2022, again signed by *Amanda Burg in St. Peter*, was filed in a different fake case; it only changes the name of the assigned evaluator (Dr. Kristin Matson in that instance) but otherwise matches word-for-

word the request and justifications of the original letter. The recurrence of this correspondence – down to the liaison’s signature block listing the St. Peter address and phone number – strongly underscores how central the Saint Peter facility is to the plot. The liaison letters serve a narrative function of *maintaining the defendants’ cases in a suspended animation*: every six months, another evaluation is scheduled, more records are needed, and the defendant remains in the hospital in the meantime. It’s a feedback loop that justifies continuous confinement.

## **D | Motions and Orders to Produce Records**

In at least one instance, we observed a motion to compel the Forensic Mental Health Program in St. Peter to produce records related to a competency evaluation. The phrasing of the resultant order was duplicated in more than one case. For example, an order would state: *“Forensic Mental Health Program – St. Peter shall produce all sources of information referenced in Dr. [Evaluator]’s competency evaluation dated [X]... within ten days of receiving this Order.”*. Such language appears multiple times, implying that defense attorneys in the fake cases supposedly had to seek court intervention to get hospital records – again emphasizing Saint Peter as the locus of essential information and custody.

The repetition of this scenario across cases (with only the evaluator’s name and date changed) indicates that it’s another scripted beat in the overall narrative: it portrays the Saint Peter hospital as holding the key to the defendants’ fate (their medical records and treatment info), which must be pried loose through court orders. It also subtly reinforces an image of *bureaucratic inertia* – i.e. that without these motions, the hospital might not share information, thereby prolonging the case.

## **E | Hearings and Notices**

We even see Saint Peter appear in routine notices. For example, one Notice of Remote Zoom Hearing (a “Pandemic Notice” form) lists a “cc: *Haleigh Platz, St. Peter*” among the copied recipients. Haleigh Platz appears to be another staff member at the Saint Peter facility, presumably included to ensure the hospital knows about the upcoming hearing. Additionally, a Probation Referral form in a 2023 case notes the defendant’s custody status as “*\*In – At St. Peter secure facility*”, indicating the defendant was housed at Saint Peter at the time of a pre-sentencing investigation. These instances show that from high-level orders down to administrative details, the synthetic records consistently anchor defendants to Saint Peter. Even

when a case moves to a different phase (like a post-conviction context in a probation report), the narrative still situates the person in the St. Peter secure treatment facility.

## **F | A Unifying Pattern**

Across all these filing types, a unifying pattern is the heavy reuse of stock phrasing and templates. The conspirators behind this scheme clearly wrote a handful of prototypical documents – transport orders, incompetency/commitment orders, evaluator letters, etc. – and then cloned them across many cases with minimal modification. The result is a striking *deja vu* when one reviews the filings side by side. Entire paragraphs, and sometimes entire documents, are virtually identical, with only names and dates swapped out.

For example, the *Notice of Transport* orders for different defendants contain the same sentences about being transported from Saint Peter for a 1:30 PM hearing. The evaluator liaison letters contain the same justifications and even the same request to adjust future orders. Such copy-paste replication is exceedingly unlikely in genuine court proceedings (where each case has unique facts and context), but it makes perfect sense if all these cases are fictitious and authored by the same hidden hand. Saint Peter is the thematic glue that holds these copied narratives together – the facility is referenced so often because the scheme’s authors are repeatedly driving home the scenario of defendants stuck in that hospital.

## **IV. DEFENDANT CLUSTERING AND NARRATIVE FUNCTION OF THE SAINT PETER THEME**

Another revealing aspect of this scheme is how the Saint Peter motif ties into the clustering of defendants and charges in the network. We discovered that many of the fake cases are not isolated one-offs; rather, they form groups centered on a single individual who is given multiple case numbers and incidents, all eventually feeding into the incompetency/commitment pipeline. In each such cluster, *Saint Peter is the final common destination*. This design amplifies the sense of a long, inescapable journey for these defendants – and by extension, foreshadows what was intended for the real target, Matthew Guertin.

## **A | Multiple Case Numbers Per Defendant**

The synthetic records portray certain defendants as having an improbable number of separate criminal cases, often over a span of years, which all end up entangling them with the

mental health system. For example, Adrian Michael Wesley – a name that appears repeatedly – is the defendant in at least three different criminal cases (27-CR-17-1555, 27-CR-17-22909, and 27-CR-17-8342) that are part of this network. Each case charges Wesley with different offenses (ranging from a 2017 sexual assault, to property damage, to assault on a guard, etc. as gleaned from the documents), yet all three cases have a coordinated trajectory: Wesley is found incompetent in each, and all three case dockets show orders involving the Saint Peter hospital. In fact, one transport order explicitly lists all three of Wesley’s case file numbers together in the caption – effectively consolidating his matters for the purpose of transporting him from Saint Peter to court. The impression given is that Wesley has been under commitment at the Minnesota Security Hospital while his multiple charges are indefinitely on hold.

Wesley’s cluster is not unique. Terrell Johnson, another recurring name, is even more dramatic: we identified eight separate case numbers (from 2019 through 2022) attached to Terrell Johnson. In one of Johnson’s files we found the same kind of Saint Peter liaison letter by Amanda Burg, indicating Johnson too was found incompetent and committed, necessitating periodic reports. The content of Johnson’s various case records (charges ranging from theft to assault, etc.) ultimately all circle back to his mental health status, with multiple references to treatment or evaluation at Saint Peter. Similarly, Aesha Ibrahim Osman appears as a defendant in four different cases (spanning 2018–2019 case numbers), and again the common theme is her extended Rule 20 processing – one of Osman’s files contained the July 2022 letter from St. Peter’s Court Liaison requesting records for a new competency evaluation. Jacob Mamar Johnson is named in two cases, and Muad Abdulkadir in two closely-numbered cases – both of Muad’s cases list him as being held “at St. Peter” during proceedings. In each cluster, *the narrative arc is the same*: the defendant accrues multiple criminal charges, but those charges never reach a normal conclusion because the defendant is continually declared mentally unfit. The files then document an increasingly onerous process of treatment and evaluation, with the person languishing in the forensic hospital (Saint Peter) throughout.

This clustering strategy serves a dual narrative function. First, it gives the illusion of depth and history – by fabricating a litany of cases and incidents for a single individual, the scheme makes the individual’s supposed mental illness and dangerousness appear chronic and well-documented. For example, by the time Wesley’s third case is in process, the record notes he’s already been through multiple Rule 20 evaluations (indeed, one court order references “*the five*

*previous Rule 20.01 evaluations filed in the case*” for Wesley) and has been under commitment since 2017. This retroactive continuity lends credibility to the idea that he (and analogously, any target individual) truly requires indefinite commitment. Second, the clustering creates redundancy and reinforcement: even if one case were questioned, there are others echoing the same theme. It’s as if the scheme is saying, “Look, this defendant’s pattern of incompetence and commitment is so pervasive, it shows up in multiple case files and judicial orders.” Each additional case is another thread tying the person to Saint Peter, until the entanglement appears irreversible.

## **B | Recycling of Cast Members**

Throughout these clustered cases, we see familiar names pop up fulfilling the same roles, which further strengthens the coherence of the narrative world. We’ve mentioned Amanda Burg, the forensic services liaison stationed in Saint Peter, who writes virtually identical letters in Terrell Johnson’s case, Aesha Osman’s case, and likely others. Her presence in multiple files connects those disparate defendants under one institutional umbrella (DHS Forensic Services at Saint Peter). Likewise, earlier in the investigation we identified Dr. Kristin Otte, Psy.D., LP, as a forensic psychologist involved in competency evaluations. Indeed, Dr. Otte is explicitly named in Wesley’s case history as having performed the first Rule 20.01 evaluation back in 2017, opining that Mr. Wesley was incompetent to proceed. While Dr. Otte’s evaluation report was just one piece of Wesley’s lengthy saga, it was a critical trigger that set him on the path to commitment at Saint Peter. In the grand design of the scheme, figures like Otte play the role of the experts whose professional judgments justify the drastic outcome. We saw other evaluator names repeatedly as well (for instance, Dr. Jason Lewis and Dr. Kristin Matson appear as assigned examiners in multiple cases’ correspondence). The reuse of these names (some likely real professionals co-opted into the fake documents, others perhaps entirely fictitious) across cases gave the fake narratives a semblance of a consistent cast of specialists who handle these difficult defendants. It also allowed the forgers to duplicate entire chunks of text (evaluation reports, recommendation letters, etc.) across cases by simply swapping out the doctor’s name or the defendant’s name. In every instance, the role of these recurring cast members is in service of the Saint Peter plot – be it conducting yet another psychological exam or requesting the court’s leave to access treatment records, they propel the defendant further along the pipeline of indefinite institutionalization.



## C | The Narrative Function of Saint Peter

By now it is clear that the Saint Peter hospital isn't just a backdrop; it is the narrative keystone of the entire scheme. Its function in the story architecture is to be the end-point of the line – the place from which defendants do not return. In legitimate criminal justice proceedings, commitment to a secure psychiatric hospital under Rule 20 (especially as *mentally ill and dangerous*) is relatively rare and is typically a last resort, with stringent review processes. Yet in this fabricated universe, commitment to the Minnesota Security Hospital becomes almost routine, the inevitable fate awaiting a whole gallery of defendants. Every element we've discussed – the repetitive transport orders, the six-month evaluation cycle letters, the motions to obtain hospital records, the notices of hearing copied to hospital staff – works in concert to paint a picture of cases that have transitioned out of the criminal court's normal flow and into the murky realm of mental health custody. The criminal charges remain technically pending but perpetually unresolved; real decision-making power shifts to the medical side (the Commissioner of Human Services, the hospital evaluators, etc.), and everything about the defendant's life becomes a matter of treatment reports, competency opinions, and bed availability at secure facilities.

This is precisely the narrative condition that would amount to a *de facto disappearance* of the individual. Once a person is committed as mentally ill and dangerous to Saint Peter, they are no longer on a typical path to trial or release. They can be held indefinitely, with only periodic internal reviews or court reviews that, in practice, often rubber-stamp continued commitment if the person is deemed still “dangerous.” The synthetic records exploit this reality by fabricating perpetual delays and obstacles: for instance, one case motion notes that there was a “waitlist to enter a mental health facility in Minnesota” causing the defendant to remain jailed until transfer; another case's transcripts might mention the defendant “still resides as a patient” in St. Peter months or years later. Even the inclusion of AMRTC (Anoka Metro Regional Treatment Center) in some contexts – e.g. implying a defendant wasn't discharged or transferred promptly – serves this storyline of bureaucratic delay and *infinite regress* in the system. In short, the narrative function of the Saint Peter theme is to legitimize an endless limbo. It provides the scheme a convincing scenario for why a person (in reality, the scheme's target Matthew Guertin) could effectively vanish from public view: he wouldn't be in prison or free; he'd be locked away in a

secure psychiatric institution, with court files full of official-looking documents to justify why that is so and why it must continue.

## **V. CONCLUSION: A CONSPIRACY TO ORCHESTRATE A PSYCHIATRIC DISAPPEARANCE**

What began as an investigation into irregularities in court records has now culminated in a clear and chilling conclusion. The synthetic court records infrastructure we have exposed – the dozens of bogus case files, the cloned orders and letters, the repeated invocations of the Saint Peter hospital – was constructed with a singular purpose: ***to facilitate and cover up the PERMANENT psychiatric disappearance of Matthew Guertin.*** Every piece of the puzzle fits this narrative end-goal. The reason the Minnesota Security Hospital in Saint Peter looms so large in the fake records is because it was the intended final destination for the scheme’s victim. By embedding the Saint Peter commitment theme into case after case, the perpetrators manufactured a body of “evidence” and precedent, as if to say: *This is what happens to dangerous individuals who can’t stand trial – they all go to Saint Peter, indefinitely. Look, it’s happened many times.* In doing so, ***they normalized the notion that someone like Guertin could simply disappear into a psychiatric ward under court order, with no definitive end date.***

Importantly, this final report does more than document an elaborate fraud; it deciphers the motive and method behind it. The repetitive patterns we observed – multiple fake defendants all funneled to the same hospital, cookie-cutter filings, recurring actors – were not sloppy mistakes by the forgers. They were the deliberate architecture of a cohesive, cross-referenced cover story. ***The architects needed a robust cover story because the act they aimed to commit (and conceal) is extraordinarily serious: effectively erasing a person via the legal system, by abusing mental health proceedings.***

To make such an “erasure” believable and resistant to scrutiny, they built an entire shadow legal world reinforcing it. The Saint Peter motif provided the perfect cover, as it carries connotations of medical authority, patient confidentiality, and indefinite commitment that naturally limit outside inquiry. ***Once a person is behind the walls of a place like the Minnesota Security Hospital, their situation is largely opaque to the public – exactly the opacity the conspirators sought.***

Throughout this investigation, we traced every thread and repeatedly found ourselves returning to Saint Peter. It has become evident that Saint Peter is the narrative keystone that holds the fraudulent network together. The consistency of this theme across so many fake files is, in itself, proof of orchestration. No genuine random assortment of cases would ever align so neatly around one facility. We have, session by session, dismantled the facade – from questioning unlikely sequences of incompetency evaluations, to spotting duplicated examiner correspondence, to crunching the statistics on how often “Saint Peter” appears. Now, at the conclusion, the cumulative evidence leaves no reasonable doubt: the scheme’s existence is conclusively proven, and its core mechanism is exposed.

In sum, the pervasive Saint Peter references were *the smoke*, and Guertin’s intended disappearance was *the fire*. By documenting the smoke, we have found the fire. The synthetic MCRO records network was nothing less than an elaborate charade aimed at making one man vanish into a psychiatric institution, under color of law but in violation of justice.

This report not only chronicles how the conspiracy was executed – it also ensures that its true purpose is recognized. ***Armed with this understanding, authorities and observers can cut through the fraud and take steps to safeguard Matthew Guertin’s liberty and hold the perpetrators accountable.*** The case of the Saint Peter theme in these fake filings stands as a stark reminder that eternal vigilance is required when power converges with secrecy. ***Here, that convergence nearly enabled an unthinkable outcome.*** Thankfully, through Guertin’s very own forensic investigation, and the very clear patterns it has revealed, the truth has been brought to light before it was too late.

## A | Sources

<https://link.storjshare.io/s/jwvlli2n7oshciycdc4hlzsflweq/evidence/Saint-Peter-Minnesota-Security-Hospital/>

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