

STATE OF MINNESOTA
COUNTY OF HENNEPIN

FOURTH JUDICIAL DISTRICT
DISTRICT COURT
PROBATE/MENTAL HEALTH DIVISION

In the Matter of the Civil Commitment of:

MATTHEW GUERTIN
AKA MATTHEW DAVID GUERTIN

**ACCEPTANCE OF TERMS OF
STAY OF COMMITMENT**

D.C. File No. **27-MH-PR-23-815**

DOB: 07/17/1981

C.A. File No. C-4907

Respondent.

I understand that a Petition for Commitment as **mentally ill** has been filed asking the court to commit me to involuntary treatment ~~and authorize administration of neuroleptic medications~~. I have discussed this matter with my attorney and am willing to allow the Court to issue an ORDER committing me to **Commissioner of Human Services**, but that this commitment order will be STAYED upon the conditions listed below.

I agree that the Court may consider the following evidence in making its decision:

7/20/23 Rule 20 Petition for Civil Commitment and Exhibits A to D; and Examination Report of Dr. Michael Robertson.

I understand that I have a right to trial to determine the need for a commitment and that at this trial the County Attorney has the burden of proving by clear and convincing evidence that I am in need of commitment. I understand that I have the right to have my attorney cross-examine any witnesses that support my commitment, and that I have the right to testify, to call witnesses, and present evidence on my behalf. I understand that I have the right to have a second court-appointed examiner. By entering this agreement, I am voluntarily waiving these trial rights. I do have and retain the right to petition for discharge at any time.

I understand that by signing this I will be committed to Commissioner of Human Services and that the commitment will be STAYED for a period of **six (6) months** on the following conditions:

RESPONDENT WILL NEED TO INITIAL BEFORE EACH PARAGRAPH BELOW:

1. ~~I will voluntarily remain at _____ and cooperate with my treatment staff, following all directions, until discharged.~~
- MG 2. I will ~~enter and complete outpatient/inpatient at _____~~, with the help of my case manager, begin to see a therapist within the State of Minnesota, on a monthly basis or on a schedule set by the therapist, and follow all directions of the staff at that program.
- MG 3. I will take medication as prescribed and only as prescribed by my treating physicians.
- MG 4. I will not use any non-prescribed, mood altering substances including alcohol and street drugs. I agree to testing as requested by my case manager or treatment provider.
- MG 5. ~~I will cooperate with the aftercare planning and follow the aftercare plan.~~
- MG 6. I will cooperate with my county caseworker, Nadia Garavito and designee. This may include signing releases of information to permit the caseworker to monitor my compliance with this plan. I may also need to apply for public or private assistance to pay for my care. I am expected to return phone calls from the caseworker and keep appointments.
- MG 7. I agree that I will refrain from assaultive, threatening, intimidating or self-injurious behavior, as well as destruction of property.
- MG 8. I agree that this plan must continue to be available and in my best treatment interests. I understand that even if I follow the terms of the plan, it must meet my treatment needs. Psychiatric decompensation can serve as the basis of revoking the stay.
- MG 9. I agree that if the county attorney must return the matter to court for hearing, I will accept service of notice by mail at the following address in lieu of personal service of a summons: 4385 Trenton Lane North Unit 202, Plymouth, MN 55442; **I will immediately notify my county caseworker of any change in my address.**
- MG 10. I have executed a plan for services which will be made a part of the court's order.
- MG 11. I will not use, borrow, own, obtain, purchase, or create from parts, any firearm or ammunition.

I understand that if I violate any of these terms, the stay may be revoked and I might be committed. I understand that if the stay is revoked, the commitment could extend for six months from the date of revocation. The time I have been on a stay does not count toward the commitment. If I am committed today, the commitment will expire six months from today unless the court continues it following the opportunity for another hearing in the future.

X Revocation of the Stayed Commitment by Written Request Followed by Right to Hearing:

I understand that if I violate any of the terms of the stay, the court may revoke the stay and order my commitment upon the filing of a written request from the county attorney indicating that the stay has been violated. I can ask for a court hearing to review the revocation if I make the request within 14 days after the revocation.

☐ ~~**Revocation After Notice and a Hearing:**~~

~~I understand that if I violate any of the terms / conditions _____ (circle one), the stay may be revoked upon notice to me and my attorney and after a hearing at which the Petitioner will have the burden to show that I violated the conditions of the stay and that the placement is the least restrictive alternative. The court maintains jurisdiction over this matter if the motion is filed before the close of business on the date of the expiration of the stay.~~


X' Possible Extension of Stay Period:

Near the end of the six-month period of the stay, if the Petitioner brings a motion to extend the stay, after notice and hearing the Court, pursuant to Minn. Stat. § 253B.095, subd. 3, may extend the period of the Stayed Order for Commitment for up to an additional 12 months without Respondent's agreement if the Court finds that Respondent continues to be mentally ill, chemically dependent, developmentally disabled AND that it is necessary to extend the period of the stay to protect Respondent or others.

X Agreement Regarding the Requested Jarvis (Neuroleptic Medication) Order:

- ~~I understand that the County Attorney may also request that the continued neuroleptic medication Petition be set on for hearing, and the revocation of the stayed commitment will not be delayed because of it.~~
- ~~I understand that the neuroleptic medication hearing will be set as soon as possible, and I waive the right to object to the timeliness of the notice, as long as transportation can be arranged for me, and my attorney can appear.~~
- ~~I understand that if a neuroleptic medication hearing is scheduled on this continued petition, only that issue will be addressed at the hearing.~~
- ~~If I wish to request a hearing on the revocation of the stayed commitment, I must make a separate request for hearing to the Court, within 14 days after the revocation.~~

Dated: August __, 2023



Mathew David Guertin, Respondent

I have advised Mathew David Guertin, Respondent above, of the nature and conditions of this agreement, his/her trial rights, the right to have this matter tried before the District Court, and his/her right to have the matter reconsidered pursuant to Minn. Stat. § 253B.17.

Dated: August __, 2023

Michael Biglow, Counsel for Respondent

Based upon my examination of the respondent and review of relevant records, I am of the opinion that the respondent is competent to understand this agreement.

Dated: August __, 2023

N/A

Michael Robertson, Court Examiner