

*This opinion is nonprecedential except as provided by
Minn. R. Civ. App. P. 136.01, subd. 1(c).*

**STATE OF MINNESOTA
IN COURT OF APPEALS
A25-1861**

In the Matter of the Civil Commitment of: Craig Seitzer.

**Filed April 13, 2026
Affirmed
Wheelock, Judge**

Dakota County District Court
File No. 19HA-PR-25-872

Craig Seitzer, Burnsville, Minnesota (pro se appellant)

Kathryn M. Keena, Dakota County Attorney, Daniel M. Ryan, Assistant County Attorney,
Hastings, Minnesota (for respondent Fairview Range Medical Center)

Considered and decided by Connolly, Presiding Judge; Smith, Tracy M., Judge; and
Wheelock, Judge.

NONPRECEDENTIAL OPINION

WHEELOCK, Judge

Appellant challenges the district court's civil-commitment and *Jarvis* order,¹ arguing that the district court erred by (1) finding that appellant qualified as mentally ill, (2) ordering that he was in need of involuntary medication treatment, and (3) extending his judicial hold. We affirm.

¹ A *Jarvis* order to impose involuntary treatment is granted when an individual does not understand that they have a mental illness and that treatment will help them. *Jarvis v. Levine*, 418 N.W.2d 139, 150 (Minn. 1988).

FACTS

Appellant Craig Seitzer arrived at a hospital on September 30, 2025, with complaints of chest pain and insomnia. Seitzer reported to hospital staff that he believed the chest pain was the result of stress and that, to manage his stress, he had walked for 35 miles, spanning the cities of Burnsville, Savage, and Apple Valley. Seitzer presented with “acute symptoms of mania, including euphoria, decreased need for sleep, pressured speech, racing thoughts, flight of ideas, distractibility, . . . risky behaviors,” and “charming grandiosity.” In reviewing Seitzer’s medical records, hospital staff learned that he had been experiencing symptoms of psychosis since 2024 and that he “does not acknowledge he has a mental illness and frequently reports he does not need, nor will he take, medication voluntarily.”

Seitzer told staff that drug dealers broke into his residence two months earlier and held him at gunpoint because he owed them money. He also reported that these same individuals continued to harass him and that his parents were being “influenced” by them. Seitzer stated that his parents had been driving him to different locations around town, saying they will pick him up in 20 minutes, but then leaving him to find his own way home. He stated that he thought they were doing so because they “are working with the people that are trying to kill him.”

Because Seitzer presented with acute mania and an “inability to understand the concern for his physical safety, along with his lack of insight into his mental illness and a refusal to follow treatment recommendations voluntarily,” the hospital placed him on a

72-hour mandatory hold and transferred him to a hospital in Hibbing. The hold was set to expire on October 3, 2025.

On October 3, 2025, Seitzer's treating physician, Dr. Glen Rebman, filed a petition for judicial commitment in Dakota County District Court. The petition alleged that Seitzer's behavior provided a factual basis that he was "manic and psychotic and in need of involuntary hospitalization." Dr. Rebman submitted a statement in support of the petition, explaining that Seitzer exhibited dangerous behavior by "walking 35 miles and making threatening statements" and that his diagnostic impression was affective psychosis "(bipolar I disorder vs schizoaffective disorder)."

Dr. Rebman also filed a petition for an order authorizing the involuntary administration of neuroleptic medications to Seitzer² and requested a hearing on the commitment petition, alleging that Seitzer showed symptoms of affective psychosis and would benefit from neuroleptic medications. Dr. Rebman asserted that Seitzer did not have the capacity to give informed consent to treatment with neuroleptic medications because he lacked awareness of his situation and the consequences of refusing treatment; he did not demonstrate an understanding of the risks, benefits, and alternatives to treatment; and he was unable to communicate a reasoned treatment choice or refusal. In his October 3, 2025

² An order granting this type of petition is known in Minnesota as a *Jarvis* order. *Jarvis*, 418 N.W.2d at 150. In *Jarvis*, the supreme court held that "medical authorities seeking to treat [patients] involuntarily with neuroleptic drugs must obtain pre-treatment judicial review." *Id.* Neuroleptic medications are a treatment option for patients who are civilly committed as a person who poses a risk of harm due to mental illness. See Minn. Stat. § 253B.092, subd. 1 (2024); *In re Civ. Commitment of Breault*, 942 N.W.2d 368, 373 (Minn. App. 2020).

screening report, Dr. Rebman stated that Seitzer had “numerous contacts with Dakota County Crisis Response dating back to 2023” and had “reportedly been seen in the emergency department five times” in September 2025 for somatic complaints and paranoia. Seitzer’s history of diagnoses included stimulant-use disorder, anxiety disorder, ADHD, and autism spectrum disorder. During a phone interview, Seitzer expressed that he would “not remain in the hospital on a voluntary basis and will not follow the recommendations of his treatment team.”

The district court reviewed the civil-commitment petition on October 3 and scheduled a preliminary hearing for October 9, 2025. In the scheduling order, the district court explained that October 9 was the earliest date it could hold a hearing because the end of Seitzer’s 72-hour hold fell on a day “other than Monday or Thursday” and that Dakota County’s civil-commitment hearings occur only on Mondays and Thursdays. The district court therefore waived the 72-hour time period and extended the hold to the next available Monday or Thursday when the court could hold a preliminary hearing.

Dr. Scott A. Fischer prepared a report for the preliminary hearing based on his review of Seitzer’s records; he concluded in the report that Seitzer should be on a hold through the final hearing. One of Seitzer’s treating physicians also recommended that Seitzer should remain hospitalized until the final hearing because “[s]erious physical harm to the patient and/or others may result if [Seitzer] does not remain hospitalized.” The physician also noted that Seitzer was hypervigilant and paranoid, acted mistrustful of hospital staff, and declined neuroleptic medication and lithium.

On October 9, Seitzer appeared for the preliminary hearing. Based on the record and the testimony presented at the hearing, the district court found that Seitzer posed a risk of serious physical harm due to mental illness if not confined until the final hearing and ordered that he remain hospitalized. The district court then scheduled the final hearing for October 16, 2025.

Before the final hearing, treating physician Dr. Daniel Montville filed a recommendation with the district court supporting the civil-commitment and *Jarvis* petitions. Dr. Montville observed that Seitzer remained in a manic state with psychotic features that “[m]arkedly impaired” his insight and judgment, was refusing medications, and had intrusive and aggressive behaviors. Dr. Fischer also submitted a separate final hearing report based on a phone interview with Seitzer. In the report, Dr. Fischer noted that Seitzer’s behavior was consistent with hypomania or mania and that Seitzer believed that he did not need hospitalization or civil commitment. Dr. Fischer determined that Seitzer’s thinking and judgment were impaired; he was experiencing paranoia, agitation, and grandiosity; and his capacity to recognize reality and reason was compromised. Dr. Fischer expressed his concern that Seitzer did not understand his need for medical care and that his judgment “has resulted in engaging in behavior that was injurious.”

Dr. Wesley Lewis also examined Seitzer and submitted a report in which he found Seitzer was “very guarded”; did not have the capacity to make competent decisions regarding medication treatment; did not demonstrate an awareness of his situation; did not demonstrate an understanding of treatment with neuroleptic medication and the risks,

benefits, and alternatives; and did not communicate a clear choice regarding treatment with neuroleptic medication. Dr. Lewis supported the order for neuroleptic treatment.

The district court held a hearing on October 16, 2025. It found that Seitzer met “the statutory criteria for civil commitment as a person who poses a risk of harm due to mental illness” and ordered an initial commitment “not to exceed six . . . months.” The district court also filed a *Jarvis* order, authorizing any facility providing care or treatment to Seitzer to involuntarily administer neuroleptic medications. The district court ordered Seitzer to remain hospitalized until an appropriate facility was available.

Seitzer appeals.

DECISION

In Seitzer’s self-represented brief, he makes multiple arguments challenging his civil commitment and the district court’s finding that he has a mental illness. Seitzer argues that he does not have a mental illness, he was misdiagnosed, he is not in need of any medications for his mental illness, and the information presented to the district court regarding his past mental-health treatment was incorrect. For each of his arguments, Seitzer does not cite any legal authority, does not provide any legal arguments, and does not explain the effect of the alleged errors beyond conclusory statements.

A party forfeits an argument when, on appeal, they do not adequately argue or explain the argument or they assign error without authority. *See State v. Myhre*, 875 N.W.2d 799, 806 (Minn. 2016). In his brief, Seitzer asserts numerous facts that are

not in the record and that constitute new information.³ “The documents filed in the trial court, the exhibits, and the transcript of the proceedings, if any, shall constitute the record on appeal in all cases.” Minn. R. Civ. App. P. 110.01. “An appellate court may not base its decision on matters outside the record on appeal, and may not consider matters not produced and received in evidence below.” *Thiele v. Stich*, 425 N.W.2d 580, 582-83 (Minn. 1988). And an assertion of error unsupported by legal argument or authority is forfeited. *Schoepke v. Alexander Smith & Sons Carpet Co.*, 187 N.W.2d 133, 135 (Minn. 1971); *see also State Dep’t of Lab. & Indus. by Special Comp. Fund v. Wintz Parcel Drivers, Inc.*, 558 N.W.2d 480, 480 (Minn. 1997) (declining to address inadequately briefed issue); *Fannie Mae v. Heather Apartments Ltd. P’ship*, 811 N.W.2d 596, 600 n.2

³ Seitzer references a transcript that he says shows he “advocated against medications and no need for antipsychotics but a push for therapy” and that he and his doctor at one point agreed there was no need for medication; however, he does not identify the transcript to which he refers and no transcript was ordered on appeal. Without a transcript, we are unable to review whether the district court’s findings related to the testimony are clearly erroneous. *See* Minn. R. Civ. App. P. 110.02, subd. 1 (stating that appellant “shall” provide the transcript of proceedings for appellate review); *State v. Heithecker*, 395 N.W.2d 382, 383 (Minn. App. 1986) (“Without a trial transcript, it is impossible to judge the merits of appellant’s case.”). Thus, we assume the district court’s findings of fact are correct. *See Fischer v. Simon*, 980 N.W.2d 142, 144 (Minn. 2022) (stating that, “[w]hen there is an evidentiary hearing, we are not able to review a party’s argument that the other party did not prove its claims if no transcript is ordered”); *Duluth Herald & News Trib. v. Plymouth Optical Co.*, 176 N.W.2d 552, 555 (Minn. 1970) (noting lack of a transcript precludes review of factual questions); *Waters v. Fiebelkorn*, 13 N.W.2d 461, 464-65 (Minn. 1944) (“[O]n appeal error is never presumed. It must be made to appear affirmatively before there can be reversal . . . [and] the burden of showing error rests upon the one who relies upon it.”); 3 Erica A. Holzer & Katherine S. Barrett Wiik, *Minnesota Practice* § 110.033 (2024 ed. 2024) (stating that, when no transcript is provided on appeal, “the appellate court will accept the district court’s findings as true, and then determine whether the law was properly applied to those findings”).

(Minn. 2012) (stating that “[s]ummary arguments made without citation to legal support” are forfeited).

Based on Seitzer’s inadequate briefing, his arguments are forfeited. Nonetheless, we address them and conclude that, even if his arguments were properly before this court, he would not prevail.

I. The district court did not err in determining that Seitzer has a mental illness.

Seitzer argues that he does not have a mental illness, he has held many jobs in the last ten years, and there is proof that he has never been a harm to himself or others; however, the only evidence he points to is documents from the record that contain his handwritten annotations. On one of these documents, he wrote that he has “no prior history of delusions” and other assertions that are not supported by any evidence in the record.

Pursuant to Minnesota law, a “person who poses a risk of harm due to a mental illness” is

any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, that is manifested by instances of grossly disturbed behavior or faulty perceptions and who, due to this impairment, poses a substantial likelihood of physical harm to self or others[.]

Minn. Stat. § 253B.02, subd. 17a(a) (2024). This can be demonstrated by any of the following:

- (1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment;
- (2) an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a

result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided;

(3) a recent attempt or threat to physically harm self or others; or

(4) recent and volitional conduct involving significant damage to substantial property.

Id., subd. 17a(a)(1)-(4).

The district court found that clear and convincing evidence showed that Seitzer met the statutory criteria for civil commitment as a person who poses a risk of harm due to mental illness. *See* Minn. Stat. § 253B.09, subd. 1(a) (2024) (stating that the standard of proof for the statutory criteria is “clear and convincing evidence”). This determination is supported by the district court’s finding that Seitzer’s mental illness has caused him to be “unable to obtain necessary food, clothing, shelter, or medical care.” *See* Minn. Stat. § 253B.02, subd. 17a(a)(2). The district court found that Seitzer was diagnosed with schizophrenia and that he exhibited symptoms of mania and was experiencing auditory hallucinations. The district court found that Seitzer’s thinking and judgment are impaired and that his capacity to recognize reality or reason is compromised. The district court also found that a risk of physical harm existed for Seitzer because he does not understand his need for medical care or the limitations of his physical capabilities.

Therefore, the district court did not err in granting the order placing Seitzer on a civil commitment.

II. The district court did not err in ordering that neuroleptic medication may be involuntarily administered to Seitzer.

Seitzer also asserts that he does not need to take medication as ordered by the district court and that he “advocated against medications” and instead preferred therapy. In his brief, Seitzer also raises arguments about the *Jarvis* order that rely on events that occurred after the final hearing before the district court and that we may not consider on appeal. *See Thiele*, 425 N.W.2d at 582-83.

Civily committed patients have a right to privacy under the Minnesota Constitution, which includes the right to refuse intrusive treatment with neuroleptic medications. *In re Civ. Commitment of Froehlich*, 961 N.W.2d 248, 252 (Minn. App. 2021). When a patient does not consent to treatment, providers seeking to administer neuroleptic medications involuntarily must obtain a *Jarvis* order. Minn. Stat. § 253B.092, subd. 8(a) (2024); *Jarvis*, 418 N.W.2d at 150; *see also In re Civ. Commitment of Graeber*, ___ N.W.3d ___, ___, 2026 WL 693720, at *11 (Minn. Mar. 11, 2026) (reaffirming that the procedure required to obtain a *Jarvis* order “addresses both constitutional privacy interests and the statutory language governing authorizing treatment procedures”). When addressing whether to grant a *Jarvis* order, the district court considers (1) whether the patient “lacks capacity to make decisions about neuroleptic medication” and, if so, (2) whether “a reasonable person in the patient’s position would consent to the treatment.” *Breault*, 942 N.W.2d at 378; *accord* Minn. Stat. § 253B.092, subd. 7(a), (c) (2024).

A patient has capacity to make decisions regarding neuroleptic-medication treatment if the patient

(1) has an awareness of the nature of the person's situation, including the reasons for hospitalization, and the possible consequences of refusing treatment with neuroleptic medications;

(2) has an understanding of treatment with neuroleptic medications and the risks, benefits, and alternatives; and

(3) communicates verbally or nonverbally a clear choice regarding treatment with neuroleptic medications that is a reasoned one not based on delusion, even though it may not be in the person's best interests.

Minn. Stat. § 253B.092, subd. 5(b) (2024). The petitioner must prove that the patient lacks one of these criteria. *Froehlich*, 961 N.W.2d at 255. “A patient who denies that he has a mental illness in the face of good evidence to the contrary lacks the capacity to decide rationally about medication.” *Id.* (quotation omitted).

“If the petitioner succeeds in proving incapacity, the patient suffers no consequence unless the petitioner also proves by clear and convincing evidence that a reasonable person in the patient's position would accept neuroleptic medication.” *Froehlich*, 961 N.W.2d at 254. Proof of reasonableness depends on numerous factors, including “(1) the patient's family, community, moral, religious, and social values; (2) the medical risks, benefits, and alternatives to the proposed treatment; (3) past efficacy and any extenuating circumstances of past use of neuroleptic medications; and (4) any other relevant factors.” *Id.* (quoting Minn. Stat. § 253B.092, subd. 7(c)(1)-(3)).

Because Seitzer has repeatedly denied having a mental illness and needing treatment, we deem his argument to be that he has the capacity to make that decision. As

discussed above, the district court found that Seitzer has a mental illness and does not understand the purpose of the proposed treatment or his need for it. Therefore, we conclude that the district court's finding that Seitzer lacked the capacity to consent to neuroleptic medication supported its *Jarvis* order.

Second, we consider whether the district court's findings support its conclusion that a reasonable person in Seitzer's position would consent to the treatment. The district court's findings incorporated a report that stated that Seitzer was unwilling to speak with the examiner about his "clinical status, the reasons for his hospitalization, or the risks and benefits of taking neuroleptic medications." *See Breault*, 942 N.W.2d at 379 (holding that a lack of the patient's own values in the record as a result of their unwillingness to participate in treatment weighed in favor of the district court's *Jarvis*-order finding). The district court found that the benefits of the proposed neuroleptic medications outweighed the potential risks or side effects. Given these findings, we conclude that the district court did not err in determining that a reasonable, similarly situated person would consent to treatment with neuroleptic medication.

Given the district court's findings that Seitzer has a mental illness, is not capable of consenting to treatment, and has denied medication against treatment advice and that treatment is necessary for Seitzer's condition to improve, we conclude that the district court did not err in granting the *Jarvis* order.

III. The district court's extension of the judicial hold until the initial hearing was not done in bad faith.

Seitzer suggests that the district court extended the judicial hold in bad faith. Seitzer argues that it is not true that he lacks awareness of his situation, does not understand certain risks, and is unable to communicate fully with respect to his mental illness or medication treatment.

The district court explained that it extended the hold because Dakota County hears civil-commitment hearings only on Mondays and Thursdays and the expiration of Seitzer's hold did not fall on one of the prescribed days. It was reasonable for the district court to schedule the hearing for the next possible hearing date. We do not discern bad faith by the district court under these circumstances.

Affirmed.