

*This opinion is nonprecedential except as provided by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
A26-0627**

In the Matter of the Civil Commitment of:
Robert James Cope.

**Filed September 21, 2026
Affirmed
Reilly, Judge***

St. Louis County District Court
File No. 69VI-PR-23-145

Todd E. Deal, Virginia, Minnesota (for appellant)

Keith Ellison, Attorney General, St. Paul, Minnesota; and

Kimberly J. Maki, St. Louis County Attorney, Benjamin Stromberg, Assistant County Attorney, Virginia, Minnesota (for respondent county)

Considered and decided by Wheelock, Presiding Judge; Harris, Judge; and Reilly, Judge.

NONPRECEDENTIAL OPINION

REILLY, Judge

On appeal from the district court's indeterminate commitment of appellant as mentally ill and dangerous to the public (MI&D), appellant argues that the record does not show the required connection between his mental illness and the overt act justifying the commitment. We affirm.

* Retired judge of the Minnesota Court of Appeals, serving by appointment pursuant to Minn. Const. art. VI, § 10.

FACTS

In July 2023, the state charged appellant Robert James Cope with several crimes, including attempted second-degree murder, after he allegedly shot his brother in the head. The district court ordered an evaluation of Cope's competency and ultimately concluded that he was not competent to stand trial. Respondent St. Louis County Health and Human Services petitioned to commit Cope as MI&D.

In October 2023, over two days, the district court held a hearing on the commitment petition. The next month, the court committed Cope for 90 days to the Minnesota Security Hospital as MI&D. But Cope was not transported to the hospital and remained in jail for over a year and a half. Cope concedes that this was due to "space availability issues" at the hospital. In July 2025, Cope was finally admitted into a forensic mental-health program and began receiving treatment, and he later began receiving involuntary treatment with neuroleptic medications.

In October 2025, the district court held a final-determination hearing on Cope's commitment. The court subsequently committed Cope for an indeterminate period as MI&D. In reaching that determination, the court primarily relied on the reports and testimony of Dr. Jason Lewis and Dr. Nathan Andrews, the only two witnesses to testify at the October 2025 hearing. The court found both witnesses to be credible.

The district court acknowledged Cope's argument that the shooting resulted from a new medication that he was taking, Vyvanse, a stimulant medication used to treat Attention-Deficit/Hyperactivity Disorder. But the court rejected that argument as "not

credible” given “the documented two plus years of continued psychosis of [Cope] after the overt violent act and the cessation of the use of Vyvanse by [Cope].”

Cope appeals.

DECISION

Cope contends that there is insufficient evidence that he meets the statutory criteria for commitment as MI&D because there is not clear and convincing evidence that, *as a result of his mental illness*, he “engaged in an overt act causing or attempting to cause serious physical harm to another.” He claims that there is insufficient “proof of causation” between his mental illness and the shooting of his brother, and he posits that his use of Vyvanse caused the shooting.

We review the district court’s commitment decision to determine whether the court complied with statutory requirements. *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). We review the court’s findings of fact for clear error, viewing the record in the light most favorable to its decision. *Id.* A finding is clearly erroneous if it is “manifestly contrary to the weight of the evidence or not reasonably supported by the evidence as a whole.” *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 221 (Minn. 2021) (quotation omitted). “We review de novo whether there is clear and convincing evidence in the record to support the district court’s conclusion that appellant meets the standards for commitment.” *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003).

A person who is MI&D is defined as a person:

(1) 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, and is manifested by instances of grossly disturbed behavior or faulty perceptions; *and*

(2) who as a result of that impairment presents a clear danger to the safety of others as demonstrated by the facts that
(i) *the person has engaged in an overt act causing or attempting to cause serious physical harm to another and*
(ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another.

Minn. Stat. § 253B.02, subd. 17 (2024) (emphasis added). If a district court finds by clear and convincing evidence that a person is MI&D, “it shall commit the person to a secure treatment facility or to a treatment facility or state-operated treatment program willing to accept the patient under commitment.” Minn. Stat. § 253B.18, subd. 1 (2024). And if the court finds at a final determination hearing that the person continues to be MI&D, “then the court shall order commitment of the proposed patient for an indeterminate period of time.” *Id.*, subd. 3 (2024).

Here, there is clear and convincing evidence in the record to support the district court’s finding that Cope’s substantial psychiatric disorder caused the underlying “overt act,” that is, that Cope’s psychiatric disorder caused him to shoot his brother.

First, the record shows that Cope suffered from a substantial psychiatric disorder at the time of the shooting in July 2023. For example, Dr. Craig Stevens examined Cope and filed a report in September 2023. The report noted that Cope had a history of visual and auditory hallucinations dating back to at least 2019 and had been diagnosed with Schizoaffective Disorder around that time. After conducting his assessment, Dr. Stevens diagnosed Cope with Schizoaffective Disorder-Bipolar Type.

At the hearing in October 2025, Dr. Andrews opined that Cope had “unspecified schizophrenia spectrum and other psychotic disorder,” and Dr. Lewis assigned Cope “a provisional diagnosis of unspecified schizophrenia spectrum disorder.” Dr. Andrews testified that in the prior two years, all of Cope’s evaluators had diagnosed him with at least one substantial psychiatric disorder.

Second, the record supports the district court’s finding that Cope’s substantial psychiatric disorder caused him to engage in an overt act resulting in serious physical harm to another. Cope’s competency evaluation noted that around the time of the shooting, Cope displayed bizarre and hallucinatory behavior. When asked by the evaluator about the shooting, Cope stated that he got possessed by “demons” and “Satan” and “the antichrist” and that he “woke up” and his brother was “in [his] arms.”

Dr. Andrews opined at the October 2025 hearing that Cope’s mental illness caused him to endorse “grossly disturbed behavior or faulty perceptions.” Dr. Andrews concluded that “[t]here is a clear connection between [Cope’s] untreated mental illness and his history of violence, and he currently has no insight into his mental illness, the need for treatment, or how to independently manage his psychiatric symptoms in the community.” Likewise, Dr. Lewis believed that Cope has a “substantial psychiatric disorder of mood, perception, and orientation which grossly impairs his judgment, capacity to recognize reality, and ability to reason, and which is manifested by instances of grossly disturbed behavior and faulty perceptions.” Dr. Lewis opined that Cope’s impairment posed “a substantial likelihood of physical harm to others as evidenced by his overt act, prior assaultive behavior, and recent irritability.”

While Cope contends that Vyvanse caused him to shoot his brother, the district court determined that the record refuted this assertion because Cope continued to display psychosis after discontinuing the use of Vyvanse. Indeed, Dr. Andrews testified that Cope discontinued Vyvanse in July 2023, and yet Cope still exhibited “delusional beliefs,” endorsed hallucinations, and showed disorganized thinking and rapid speech. When Cope “was admitted to the forensic mental health program[,] he continued to present with those symptoms[,] which le[d] to the need for [an] involuntary medication order.” Likewise, Dr. Lewis testified that “we are now two years past when the Vyvanse was prescribed and discontinued[,] and . . . myself and other examiners continue to observe and document evidence of . . . active symptoms of psychosis.”

We review the record in a light most favorable to the district court’s commitment decision and give due regard to the district court’s opportunity to judge a witness’s credibility, particularly when the district court’s findings rest on expert testimony. *Knops*, 536 N.W.2d at 620. We do not reweigh the evidence. *See In re Civ. Commitment of Kropp*, 895 N.W.2d 647, 650 (Minn. App. 2017) (stating that we do not “reweigh the evidence as if trying the matter de novo” because “it is immaterial that the record might also provide a reasonable basis for inferences and findings to the contrary”), *rev. denied* (Minn. June 20, 2017). Given that standard, and the record evidence here, the district court did not err in finding that Cope’s substantial psychiatric disorder caused him to engage in an overt act resulting in serious physical harm to another.

Affirmed.