

*This opinion is nonprecedential except as provided by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
A26-0917**

In the Matter of the Civil Commitment of Kevin Karsjens.

**Filed September 21, 2026
Affirmed
Frisch, Chief Judge**

Commitment Appeal Panel

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Considered and decided by Frisch, Chief Judge; Johnson, Judge; and Harris, Judge.

NONPRECEDENTIAL OPINION

FRISCH, Chief Judge

Appellant Kevin Karsjens challenges the commitment appeal panel's (the CAP's) dismissal of his petition for a full discharge from his indeterminate civil commitment as a sexually dangerous person (SDP), arguing that the evidence he submitted shows that he no longer suffers from a mental illness warranting civil commitment and that he is no longer a danger to the community. Because Karsjens did not present sufficient competent evidence showing that he no longer suffers from a mental illness needing treatment or that he is no longer a danger to the community, we affirm.

FACTS

In early 2010, Karsjens was civilly committed as an SDP to the Minnesota Sex Offender Program (MSOP) at Moose Lake. While there, he was diagnosed with other specified paraphilic disorder, non-consent, in a controlled environment; other specified personality disorder, with antisocial and paranoid features; alcohol-use disorder, mild, in sustained remission, in a controlled environment; and problems related to other legal circumstances (civil commitment). Karsjens initially participated in treatment programs at MSOP but declined further treatment in 2015, when he did not progress to the next treatment level. He has since declined to participate in treatment programs offered at MSOP.

In early 2022, Karsjens filed a petition with the Special Review Board (SRB) requesting a transfer, provisional discharge, or discharge from civil commitment. The SRB recommended that his request be denied. He then filed a petition with the CAP for rehearing and reconsideration of his petition before the SRB. Hearings before the CAP occur in two phases. In the first phase, the petitioner presents evidence in support of their petition. Minn. Stat. § 253B.19, subd. 2(c) (2024). Thereafter, the respondent may present evidence or move to dismiss the petition under Minn. R. Civ. P. 41.02(b). *Id.*

At his first-phase hearing, Karsjens withdrew his requests for transfer and provisional discharge, leaving his request for a full discharge for the CAP's consideration. Respondent Direct Care and Treatment Executive Board (the DCT) opposed Karsjens's petition. At that hearing, Karsjens presented seven exhibits in support of his petition, and the CAP heard testimony from Dr. Tyler Dority, whom the panel appointed to conduct a

focused review of Karsjens's records; Dr. Jessica Blalock, who completed two mental-health assessments of Karsjens in 2025; and Karsjens. The DCT submitted 16 exhibits in opposition.

Dr. Dority reviewed Karsjens's treatment and medical records, as well as other records related to his petition. Dr. Dority testified that Karsjens's current diagnosis of unspecified paraphilic disorder remains justified because of a "lack of current evidence that [the disorder] no longer exists," and Karsjens has not participated in any physiological tests of sexual arousal, so there is no information about whether his disorder is in remission. While Dr. Dority testified that he was unaware of information showing that Karsjens acted on his disorder while committed, Dr. Dority also opined that he cannot state "to a reasonable degree of psychological certainty" whether Karsjens "harbors a persistent interest in nonconsenting persons" because they "don't have any . . . definitive evidence to the contrary."

In his report, Dr. Dority noted that Karsjens "does not attend any psychoeducation modules nor does he participate in vocational or educational programming." He also opined that Karsjens remains in the first phase of treatment because "he has made almost no treatment progress in the more than 14 years since he was committed to the MSOP." Following similar observations, Dr. Dority concluded that Karsjens has (1) "demonstrated minimal treatment progress and he certainly has not exhibited the sustained level of treatment progress and growth that could make him a candidate for transfer, provisional discharge, or full discharge at this time"; (2) "significant treatment needs that would make him a poor candidate" for discharge; (3) a "significant and foundational remaining need for

treatment and supervision in his current secure treatment setting”; and (4) a high risk of recidivism according to recent risk assessments.

Dr. Dority reviewed the two risk assessments Karsjens completed in 2023. On the Static-99R, which measures “risk of sexual offending recidivism,” Karsjens scored in the “well above average risk category,” but accounting for Karsjens’s age during the first-phase hearing, the same test would now place him in the “above average risk” category. Another risk assessment did not show any deviant sexual interest as a concern for Karsjens, but it did note that he still had “significant remaining criminogenic treatment needs.”

As to Karsjens’s personality disorder, Dr. Dority testified that Karsjens has not engaged in violent or aggressive conduct at MSOP in the past five years; he is generally rule-compliant; and he generally interacts respectfully with staff and peers. But Karsjens displays a persistent and pervasive distrust of MSOP, and Dr. Dority could not state with certainty whether Karsjens’s personality disorder has improved because “he won’t engage with treatment.” Finally, as to Karsjens’s alcohol-use disorder, Dr. Dority testified that the diagnosis seems irrelevant because no information showed that Karsjens consumed alcohol in the years before his civil commitment or while civilly committed at MSOP.

In her first assessment of Karsjens, Dr. Blalock noted favorable findings in Karsjens’s appearance, behavior, and mental status. But she also observed that Karsjens “often makes comments that demonstrate barriers to developing and building rapport with clinical staff” and he “has demonstrated an inconsistent pattern” of attending clinical programming. She also confirmed Karsjens’s diagnoses of other specified paraphilic disorder, non-consent, in a controlled environment; other specified personality disorder,

with antisocial and paranoid features; alcohol-use disorder, mild, in sustained remission, in a controlled environment; and problems related to other legal circumstances. Dr. Blalock testified that Karsjens did not disclose his sexual functioning related to his attraction to non-consent, his diagnosis of other specific paraphilia disorder has remained unchanged, and he has “remaining treatment needs . . . related to sex offender treatment.” Dr. Blalock similarly testified to his personality disorder, opining that Karsjens experiences current “clinically significant impairment” because he “was demonstrating kind of an aspect of—not a willingness to participate in treatment due to the distrust of the facility as a whole.”

Karsjens declined to participate in the November assessment, so Dr. Blalock completed that assessment based on historical records and after consulting his treatment team at MSOP. Karsjens’s diagnoses remain unchanged between the two assessments.

Karsjens also testified. He explained that he participated in treatment at MSOP beginning when he was initially civilly committed, but he stopped because he claimed that treatment was “orientation and just doing the same thing.” But he testified that there were no other options for classes at MSOP unless he participated in treatment. He now “spend[s] a lot of time just sitting around in [his] room watching TV or movies, trying to cook some different types of things.” Karsjens denies that he is guilty of the crimes leading to his civil commitment and rejects his subsequent diagnoses of paraphilia and personality disorders. Karsjens has a discharge plan, and when asked why he believes that he is ready for full discharge, he testified that he “did enough time in here, 17 years,” and that he “know[s] for a fact” that he “can live a great life out there, and do the things that are fun.” He later testified that

proof shows that I am not somebody that's a drinker, I'm not a fighter, I'm not a sexual actor outer, none of that stuff. So there's nothing to treat me for.

I'm aged out at this point. I'm 62 years old. I can't . . . help any of my so-called numbers that they use, you know, for your dangerousness or whatever. Everything is just going to stay the same now, so there's nothing to be treated for.

Karsjens also submitted an individual progress note, a discharge plan he prepared in May 2023, a client request form he submitted, and his written statement in support of a reduction in custody. The individual progress note observed that Karsjens “does not have an interest” in participating in treatment or engaging with treatment staff, but the note also stated that he does not engage in “negative behaviors[] or attention seeking.” The client request form shows that Karsjens asked for a substance-abuse treatment program in January 2026, but he was told that MSOP does not have such a program. His discharge plan includes details about housing and his support system, should he be released from MSOP.

Finally, Karsjens's written statement offers reasons why he should be granted a reduction in custody, followed by several attached exhibits. In that statement, Karsjens contends that his treatment record is devoid of “any behavioral reports, current distress and impairments in occupational, social or psychological functioning requiring pharmacological therapy for a sexual related mental disorder” and that no records support his continued commitment for a “sexual related mental disorder.” Karsjens then explains that he engaged in treatment from 2010 to 2015, completed all psychoeducational modules, attended therapy, and passed a polygraph, but stopped participating because he did not

progress to the next phase of treatment. In conclusion, Karsjens argues that his treatment records show that he does not need further treatment for any disorder and that he “does not have a serious difficulty in controlling his behavior due to a mental illness.”

Following the hearing, the DCT moved to dismiss the petition under Minn. R. Civ. P. 41.02(b), and the CAP granted the motion. The CAP concluded that Karsjens presented no competent evidence, viewed in his favor, showing that he is no longer in need of sexual-offender treatment because he has refused to participate in treatment and the evidence showed that he remains at a high risk of reoffending.

Karsjens appeals.

DECISION

Karsjens challenges the CAP’s dismissal of his petition for full discharge, arguing that he met his burden to produce competent evidence that, if viewed in the light most favorable to him, could show that he is entitled to be released from MSOP’s secure facility.

A person civilly committed as an SDP may petition for a reduction in custody by seeking a transfer, provisional discharge, or full discharge. Minn. Stat. § 253D.29-.31 (2024). The committed person first files a petition with the SRB, which conducts a hearing and issues a recommendation to the CAP. Minn. Stat. § 253D.27, subds. 2, 4 (2024). If the SRB recommends denying the petition, the committed person may petition the CAP for rehearing and reconsideration of the SRB’s recommendations. Minn. Stat. § 253D.28, subd. 1(a) (2024).

Proceedings before the CAP occur in two phases. At the first-phase hearing on a petition for full discharge or provisional discharge, the petitioner must produce “sufficient,

competent evidence that, if proven, would entitle the petitioner to relief” under the statutory criteria. *Coker v. Jesson*, 831 N.W.2d 483, 485-86 (Minn. 2013) (quotation omitted); *see also* Minn. Stat. § 253B.19, subd. 2(c). Following the first-phase hearing, the opposing party may move to dismiss the petition on the ground that the petitioner failed to satisfy their burden of production. *Larson v. Jesson*, 847 N.W.2d 531, 535 (Minn. App. 2014). When deciding such a motion, the CAP may not weigh the evidence or make credibility determinations and instead must view the evidence in the light most favorable to the petitioner. *Coker*, 831 N.W.2d at 490-91. If the CAP concludes that the petitioner failed to establish a prima facie case, it dismisses the petition without proceeding to the second-phase hearing. *Larson*, 847 N.W.2d at 535.

A person committed as an SDP may not be granted a full discharge unless the CAP is satisfied that the committed person “is capable of making an acceptable adjustment to open society, is no longer dangerous to the public, and is no longer in need of treatment and supervision.” Minn. Stat. § 253D.31. In determining whether the petitioner has met that burden, the CAP considers “whether specific conditions exist to provide a reasonable degree of protection to the public and to assist the committed person in adjusting to the community.” *Id.* If the petitioner does not meet that burden, the panel “shall not” grant a full discharge. *Id.*

The statutory discharge criteria must also be applied consistently with the Due Process Clause of the United States Constitution, which requires discharge “if no reasonable relation exists between the original reason for commitment and the continued confinement.” *Call v. Gomez*, 535 N.W.2d 312, 318-19 (Minn. 1995). As such, a

committed person may remain confined only as long as they require inpatient treatment and supervision for their sexual disorder and continue to pose a danger to the public. *Id.* at 319.

We review the CAP's dismissal of a petition under rule 41.02(b) de novo. *Larson*, 847 N.W.2d at 534. In doing so, we view the evidence in the light most favorable to the petitioner, without weighing the evidence or assessing witness credibility. *Foster v. Jesson*, 857 N.W.2d 545, 549 (Minn. App. 2014).

Viewed in the light most favorable to Karsjens, the evidence he produced could not establish that he is entitled to a full discharge under Minnesota Statutes section 253D.31. Karsjens has not produced competent evidence showing that he is “capable of making an acceptable adjustment to open society, is no longer dangerous to the public, and is no longer in need of treatment and supervision,” Minn. Stat. § 253D.31, or that “no reasonable relation exists between the original reason for commitment and the continued confinement,” *Call*, 535 N.W.2d at 319.

The evidence Karsjens submitted with his discharge petition, viewed in his favor, shows that he still needs treatment at least in part because he has refused to participate in treatment. Karsjens submitted a written statement and also testified that he did not progress in treatment and has not participated in treatment since 2015. Both Dr. Dority and Dr. Blalock concluded in their respective reports that Karsjens has refused to participate in treatment for either his paraphilic disorder or his personality disorder, and he remains diagnosed with those disorders, justifying his continued commitment and need for treatment. For example, Dr. Dority opined that Karsjens has “significant treatment needs

that would make him a poor candidate” for discharge; Karsjens “has [a] significant and foundational remaining need for treatment and supervision in his current secure treatment setting”; and, finally, Karsjens has a high risk of sexual-offense recidivism. And from Dr. Blalock’s perspective, Karsjens’s diagnosis of other specific paraphilia disorder remains unchanged, and he has “remaining treatment needs . . . related to sex offender treatment.” The evidence therefore shows that Karsjens remains an untreated sex offender.

Karsjens’s testimony likewise does not support his discharge petition. He denies that he committed a crime leading to his civil commitment and he disputes his paraphilic and personality disorders. When asked what justifies his discharge, he testified that he has been civilly committed for “enough time” and that “proof shows that I am not somebody that’s a drinker, I’m not a fighter, I’m not a sexual actor out, none of that stuff.” But that self-serving assertion—that he believes that there is no continued basis for his continued civil commitment—is insufficient on its own to support a discharge petition. *See In re Civ. Commitment of Poole*, 921 N.W.2d 62, 69 (Minn. App. 2018) (declining to rule that “by themselves, conclusory assertions by a committed person are sufficient to avoid dismissal of a petition for discharge from MSOP”), *rev. denied* (Minn. Jan. 15, 2019).

The exhibits Karsjens submitted for the CAP’s consideration also do not support the grant of a full discharge. His individual progress note states that he does not participate in treatment but does comply with other institutional requirements. The client request form seeking a substance-abuse program shows that MSOP does not have a substance-abuse program. And his discharge plan includes no information related to his treatment progress or whether he currently suffers from a present mental illness. Finally, his written statement

in support of discharge is inherently self-serving and, without more, is insufficient to support his petition for discharge. *See id.*

Whether considered separately or together, none of Karsjens's evidence could show that he is amenable to a full discharge from civil commitment at MSOP. Aside from his self-serving testimony, Karsjens failed to present sufficient evidence that, if proven, would entitle him to a full discharge. We therefore conclude that the CAP properly granted the DCT's motion to dismiss Karsjens's petition under rule 41.02(b) without proceeding to a second-phase hearing.

To convince us otherwise, Karsjens contends that he produced sufficient competent evidence that could show he no longer suffers from a mental illness and that he no longer poses the degree of danger warranting continued commitment. He specifically argues that Drs. Dority and Blalock testified that their diagnoses rely on historical conduct, rather than evidence of his current symptoms. In other words, he argues that, because the record does not include current diagnostic information that he presently suffers from paraphilic disorder and personality disorder, the evidence he presented could show that he should be released. And he argues that due process "requires that civil commitment remain tied to present mental abnormality and present dangerousness—not institutional noncompliance." To support that proposition, Karsjens relies on *In re Civ. Commitment of Harju*, No. A25-2013, 2026 WL 1643961 (Minn. App. June 8, 2026), a nonprecedential opinion from this court released nearly two months after the CAP denied Karsjens's discharge petition. But this nonprecedential, nonbinding authority is both inapposite and not persuasive. *See* Minn. R. Civ. App. P. 136.01, subd. 1(c).

In *Harju*, Harju was civilly committed as an SDP in 2009 and later diagnosed with paraphilic and personality disorders. 2026 WL 1643961, at *1. Harju engaged in treatment until 2016, when he stopped attending treatment groups. *Id.* In 2022, he filed a petition seeking transfer, provisional discharge, or full discharge from his civil commitment. *Id.* at *2. The similarities to Karsjens’s case—treatment refusal, followed by a petition seeking discharge—end here. Following the first-phase hearing, the CAP dismissed Harju’s petition under rule 41.02(b) as it related to transfer, provisional discharge, and full discharge under the statutory criteria, but did not dismiss his petition related to discharge under due process. *Id.* The CAP found that ““there is sufficient competent evidence that Harju’s sexual disorder may be in remission.”” *Id.* Following a second-phase hearing, the CAP granted Harju’s discharge petition. *Id.*

On appeal, the DCT argued that the CAP erred because Harju’s disorder was not in remission, as an MSOP psychologist removed the “in remission” specifier from his paraphilic disorder diagnosis—the basis on which the CAP granted his discharge petition. *See id.* at *4. We held otherwise, concluding that the CAP “did not clearly err in finding that the [SRB] did not meet its burden to show that Harju’s mental illness was not in remission.” *Id.* at *5. An MSOP psychologist diagnosed Harju with ““Other Specified Paraphilic Disorder, Adolescent Pubescent Males, In Remission, In a Controlled Environment”” in 2023 and 2024, adding the “in remission” specifier because Harju had “not engaged in any deviant sexual activity for an extended period of time.” *Id.* at *4. That psychologist then removed the “in remission” specifier in a 2025 assessment because Harju “did ‘not meet the criteria due to the fact that he has not spent time in the community that

is required.”’ *Id.* But as the CAP concluded, nothing in the 2025 assessment showed that “anything changed factually or with regard to Harju’s presentation or behaviors” to warrant the removal of the “in remission” specifier between that assessment and the 2024 assessment. *Id.* And the record showed that Harju’s behaviors had not changed between the assessments and that the psychologist may have removed the “in remission” specifier based on a more-informed understanding of the DSM-5 and a recommendation from a senior MSOP psychologist. *Id.* at *5. Put differently, the record supported the CAP’s finding that ““there was no clear and convincing evidence that Harju’s paraphilic disorder that was considered”” to be in remission was no longer in remission after the last assessment. *Id.* at *4.

Here, Karsjens’s paraphilic disorder diagnosis lacks an “in remission” specifier—and no information in the record shows that the “in remission” specifier ever applied to his diagnosis—and the two mental-health assessments he has participated in show that he remains diagnosed with an active paraphilic disorder. While Harju and Karsjens each both refused to participate in treatment for nearly a decade before seeking a full discharge, Harju’s mental-health assessments showed that his disorder had changed while civilly committed at MSOP, warranting the “in remission” specifier, and that a later modification to remove that specifier was insufficient evidence to dispute that his disorder was no longer in remission. Karsjens, on the other hand, has pointed to nothing in the exhibits he submitted or the testimony he submitted at the CAP hearing to show that his behavior has changed since he was committed to MSOP in 2010, nor anything undermining the diagnoses he has received, aside from his own self-serving testimony. While Karsjens

correctly states that civil commitment must remain tied to present mental abnormality and present dangerousness, nothing aside from his own testimony shows that he no longer suffers from such a disorder. And a committed person's "conclusory assertions," without more, are insufficient "to avoid dismissal of a petition for discharge from MSOP." *Poole*, 921 N.W.2d at 69.

Instead, both Dr. Blalock and Dr. Dority testified that the paraphilic disorder and personality disorder diagnoses remain applicable to Karsjens. As explained above, Karsjens has refused treatment for nearly a decade and does not self-report any symptoms. And Karsjens's own submissions, through the reports from Drs. Dority and Blalock, show that he is presently diagnosed with a paraphilic disorder and remains a danger to the public. *See In re Blodgett*, 510 N.W.2d 910, 916 (Minn. 1994) ("It also seems somewhat incongruous that a sexual offender should be able to prove he is untreatable by refusing treatment.").

We therefore conclude that the CAP did not err by dismissing Karsjens's petition.

Affirmed.