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**STATE OF MINNESOTA  
IN COURT OF APPEALS  
A19-0900**

In the Matter of the Civil Commitment of:  
Nicole Marie Stensrud.

**Filed November 18, 2019  
Vacated  
Slieter, Judge**

Kandiyohi County District Court  
File No. 34-PR-19-30

Adam J. Schrader, Amundson & Johnson, P.A., Spicer, Minnesota (for appellant Nicole Marie Stensrud)

Shane D. Baker, Kandiyohi County Attorney, Willmar, Minnesota (for respondent Kandiyohi County Health and Human Services)

Considered and decided by Slieter, Presiding Judge; Ross, Judge; and Reilly, Judge.

**UNPUBLISHED OPINION**

**SLIETER**, Judge

Kandiyohi County Health and Human Services (KCHHS) petitioned the district court to commit appellant Nicole Marie Stensrud—a former Kandiyohi County resident who moved to Fargo, North Dakota—as mentally ill and chemically dependent, pursuant to the Minnesota Commitment and Treatment Act (MCTA), Minn. Stat. §§ 253B.01-.24 (2018), based on a mental health and chemical dependency crisis experienced by Stensrud while in Fargo. Stensrud moved to dismiss the petition for lack of personal jurisdiction. The district court denied her motion and granted the commitment petition. Because the

district court lacked subject-matter jurisdiction, we need not address a lack of personal jurisdiction. We vacate the commitment order.

## FACTS

Stensrud is a former resident of Kandiyohi County. In February 2019, Stensrud was fully discharged from a civil commitment initiated in Kandiyohi County. In March 2019, Stensrud relocated to live with her husband who was already residing in Fargo, North Dakota.

While living in Fargo, Stensrud's relationship with her husband deteriorated. Eventually, Stensrud began to live out of her car in Fargo. The parties agree that on April 4, 2019, local law enforcement responded to a report that Stensrud was making suicidal statements. Law enforcement took Stensrud into custody and brought her to Essential Health Emergency Department in Fargo. Stensrud was later transported to Prairie St. John's Psychiatric Hospital in Fargo where she tested positive for methamphetamine.

Prairie St. John's Hospital contacted Kandiyohi County. Based on this contact, KCHHS prepared a prepetition screening team report<sup>1</sup> and petitioned in Minnesota district court to commit Stensrud as mentally ill and chemically dependent. The district court in Kandiyohi County issued a hold order, and it scheduled preliminary and final commitment hearings. Stensrud was personally served with the commitment petition, hold order, and other documentation related to the petition in Fargo. Kandiyohi County transported

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<sup>1</sup> "Prior to filing a petition for commitment of or early intervention for a proposed patient, an interested person shall apply to the designated agency in the county of financial responsibility or the county where the proposed patient is present for conduct of a preliminary investigation, . . . ." Minn. Stat. § 253B.07, subd. 1(a).

Stensrud from the Fargo hospital to the courthouse to attend the preliminary commitment hearing.

On April 18, 2019, the district court held a final commitment hearing on the petition. Kandiyohi County again transported Stensrud to the hearing. The district court first addressed Stensrud's challenge that it lacked personal jurisdiction over her. Counsel for both Stensrud and KCHHS acknowledged that Stensrud moved to Fargo in March 2019, after being fully discharged in February 2019 from her previous commitment, which also was commenced in Kandiyohi County. The parties also agreed that, at the time of the filing of the current petition, Stensrud was not subject to any supervision by Minnesota and she was residing in North Dakota.

The district court found that Stensrud was not present in Minnesota at the time of the alleged incident that prompted the petition, and that the evidence showed that she intended to remain living in Fargo. Based on these facts, the district court determined that it lacked personal jurisdiction over Stensrud when the petition was filed. Despite this determination, the district court denied appellant's dismissal motion for lack of personal jurisdiction and proceeded with the commitment hearing because it construed Stensrud's presence in Minnesota at the time of the hearing sufficient to establish personal jurisdiction. The district court granted the petition and committed Stensrud as mentally ill and chemically dependent with said commitment to expire on October 19, 2019. This appeal follows.<sup>2</sup>

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<sup>2</sup> Although our opinion is released after the commitment order was set to expire, this matter is not moot. "The doctrine of mootness requires that we decide only actual controversies

## DECISION

The parties initially based their arguments before this court solely on personal jurisdiction. Following oral arguments, we requested supplemental briefing on the issue of subject-matter jurisdiction “[b]ecause subject-matter jurisdiction goes to the authority of the court to hear a particular class of actions, lack of subject-matter jurisdiction may be raised at any time.” *Irwin v. Goodno*, 686 N.W.2d 878, 880 (Minn. App. 2004) (quotation omitted).

“Subject matter jurisdiction is a question of law that [appellate courts] review de novo.” *See In re Civil Commitment of Giem*, 742 N.W.2d 422, 425-26 (Minn. 2007). “Subject-matter jurisdiction is defined as the authority to hear and determine the particular questions the court assumes to decide.” *In re Civil Commitment of Nielsen*, 863 N.W.2d 399, 402-03 (Minn. App. 2015), *review denied* (Minn. Apr. 14, 2015). “While the grant of subject-matter jurisdiction to the district courts is broad, the district court has only that jurisdiction conferred by the Minnesota Constitution or by law.” *Carlson v. Chermak*, 639 N.W.2d 886, 889 (Minn. App. 2002); *see also* Minn. Const. art. VI, § 3 (“The district court has original jurisdiction in all civil and criminal cases and shall have appellate jurisdiction as prescribed by law.”).

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and avoid advisory opinions.” *See In re McCaskill*, 603 N.W.2d 326, 327 (Minn. 1999). A case is not considered moot if “collateral consequences attach to the judgment.” *Id.* A commitment as mentally ill presents collateral consequences because of the MCTA’s early-intervention provisions. *Id.* at 330-31; *see also* Minn. Stat. §§ 253B.064-.066 (providing early-intervention commitments for persons who have a prior mental-illness commitment within the last three years). Because the district court committed Stensrud as mentally ill and chemically dependent, the commitment causes collateral consequences and therefore this matter is not moot.

Pursuant to the MCTA, “[t]he district court has subject-matter jurisdiction over judicial commitments.” *In re Ivey*, 687 N.W.2d 666, 669 (Minn. App. 2004), *review denied* (Minn. Dec. 22, 2004); *see also State ex rel. Anderson v. U.S. Veterans Hosp.*, 128 N.W.2d 710, 715 (Minn. 1964) (“The fact that the probate court has jurisdiction over commitment proceedings by virtue of our constitution has long been established.”) (footnote omitted). Although Minnesota district courts have the authority to hear civil-commitment matters, this case presents the question of whether the Minnesota district court has subject-matter jurisdiction to commit a nonresident<sup>3</sup> who was not present in Minnesota when the actions prompting the commitment petition occurred.

The MCTA is silent on its territorial scope. Consistent with this court’s decision in *Ivey*, we are persuaded to look at criminal caselaw in addressing the territorial scope of the MCTA. *See* 687 N.W.2d at 671 n.1 (explaining that the court was persuaded that criminal cases apply in civil commitments because “all of these matters involve a similar loss of liberty”). In criminal cases, Minnesota courts recognize the limitation of the district court’s subject-matter jurisdiction when actions giving rise to criminal charges take place entirely outside the state. *See, e.g., State v. Smith*, 421 N.W.2d 315, 316 (Minn. 1988); *State v. McCormick*, 273 N.W.2d 624, 624 (Minn. 1978). “Both the Minnesota and the United States Constitutions preserve the theory of territorial jurisdiction to some degree.” *Smith*, 421 N.W.2d at 318. Modern statutes, however, have expanded criminal subject-matter

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<sup>3</sup> The district court found that Stensrud does not reside in Minnesota and has no intention to return to Minnesota. Both parties agree on appeal that Stensrud is not a resident of Minnesota following her move to Fargo.

jurisdiction to some degree permitting the existence of subject-matter jurisdiction but “some territorial aspects remain” requiring “some operative event, a triggering event if you will, . . . occur[s] within the jurisdiction for the court to have power to act.” *Id.*

KCHHS argues that Stensrud’s mental health history and chemical dependency history while she resided in Minnesota are sufficient to establish subject-matter jurisdiction over her commitment in Minnesota. The law compels our disagreement.

A district court may civilly commit a person when it “finds by clear and convincing evidence that the proposed patient is a person who *is* mentally ill, developmentally disabled, or chemically dependent and after careful consideration of reasonable alternative dispositions . . . it finds that there is no suitable alternative to judicial commitment.” Minn. Stat. § 253B.09, subd. 1(a) (emphasis added). “Where commitment is ordered, the findings of fact and conclusions of law shall specifically state the proposed patient’s conduct which is a basis for determining that each of the requisites for commitment is met.” *Id.*, subd. 2.

The common meaning of the word “is” in section 253B.09, subdivision 1, reflects a present state of a person being mentally ill, developmentally disabled, or chemically dependent. *See In re Kottke*, 433 N.W.2d 881, 884 (Minn. 1988) (applying the common meaning of “serious physical harm” to the MCTA when no definition was provided); *see also The American Heritage Dictionary of the English Language* 928 (5th ed. 2018) (defining “is” as “[t]hird person singular present indicative of be”). A proposed patient’s history of mental illness or chemical dependency may be relevant in *contextualizing* their current condition or when considering a least restrictive program, but under the MCTA an

individual's past alone is insufficient to confer subject-matter jurisdiction upon the district court.

Although Stensrud has a history of mental illness and chemical dependency, the record establishes that all the triggering events in April 2019, which led to the commitment petition, occurred in North Dakota. *Smith*, 421 N.W.2d at 318. Stensrud was not then a Minnesota resident, and she was not physically present in Minnesota at the time of the relevant events supporting this commitment. It is insufficient to establish subject-matter jurisdiction over this commitment merely based on Stensrud's previous history of mental illness or chemical dependency because the important issue is not whether Stensrud had a history of those conditions when she resided in Minnesota. Instead, the important issue is whether her condition at the time of the petition presents operative facts, which implicate a Minnesota district court's subject-matter jurisdiction.

The district court lacked subject-matter jurisdiction to address this commitment proceeding over Stensrud, a nonresident who was not present in Minnesota during the time of the relevant behavior prompting the petition. We vacate Stensrud's judgment of commitment.<sup>4</sup> Because of this holding, we decline to address the issue of personal jurisdiction.

**Vacated.**

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<sup>4</sup> Despite the result of this opinion, we recognize the laudable intentions of KCHHS in promptly responding to Stensrud's mental-illness issues and chemical-dependency issues that arose in North Dakota and for which KCHHS had a history of providing services when appellant resided in Minnesota.