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SUPREME COURT

STATE OF WISCONSIN

IN SUPREME COURT

Case No. 2023AP722-CR

STATE OF WISCONSIN,

Plaintiff-Respondent-Petitioner,

v.

N. K. B.,

Defendant-Appellant.

PETITION FOR REVIEW

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The State of Wisconsin petitions this Court to review the court of appeals' decision in *State v. N.K.B.*, No. 2023AP722-CR, 2024 WL 4360597 (Wis. Ct. App. Oct. 1, 2024) (recommended for publication). The court of appeals reversed and vacated the circuit court's involuntary medication order, which was issued to address the defendant-patient's dangerousness during a trial competency commitment. It reasoned that the committing court had no statutory authority to issue the order.

ISSUE PRESENTED FOR REVIEW

Under Wisconsin's Mental Health Act, "patients" have the right to refuse medication except under certain circumstances, including where they pose a danger to themselves or others at the institution charged with their care. Chapter 971.14 committees, like Chapter 980 committees, are "patients" within the meaning of the Act. This Court previously held that the Act authorized a Chapter 980 committing court to order involuntary medication to address a committee's dangerousness at an institution. Does the Act also authorize a Chapter 971.14 committing court to order forced medication to address dangerousness at an institution?

STATEMENT OF CRITERIA SUPPORTING REVIEW

This is a case about involuntarily medicating a Chapter 971.14 committee who's dangerous. The circuit court found Naomi[1] not competent to stand trial and committed her to the Department of Health Services' (DHS) care. The court ordered involuntary medication to restore Naomi's trial competency

[1] Pseudonym.

under *Sell*[2] but stayed its order for appellate purposes. The next day, DHS requested an involuntary medication order to address Naomi's dangerousness at Mendota Mental Health Institute (Mendota).

The evidence showed that in a three-week span, Mendota staff had to segregate Naomi 17 times because of her aggressive behavior. She threatened and assaulted staff. She also refused to treat a serious thyroid condition, which posed a risk of death. Finding that this was "clearly a case" where Naomi posed a danger to herself or others at Mendota, the circuit court vacated its *Sell* order and ordered involuntary medication based on Naomi's dangerousness. (R. 39:6–8.)

In a decision recommended for publication, the court of appeals reversed, holding that the Chapter 971.14 committing court had no statutory authority to order forced medication to address Naomi's dangerousness at Mendota.[3] (Pet-App. 25–26.) It concluded that under the pressing circumstances that Mendota staff faced, their only recourse was for the County to initiate Chapter 51 commitment proceedings and attempt to get a medication order through that separate process. (Pet-App. 25.)

Significant, competing interests are at stake here. On the one hand, individuals have a liberty interest in avoiding involuntary medication. *State v. Fitzgerald*, 2019 WI 69, ¶ 13, 387 Wis. 2d 384, 929 N.W.2d 165. On the other, the government "has an interest in maintaining safety, security,

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[2] *Sell v. United States*, 539 U.S. 166 (2003) (setting forth a four-factor test for involuntary medication to restore trial competency).

[3] Naomi is no longer subject to the involuntary medication order she challenged. However, the parties and the court of appeals agreed that exceptions to the mootness doctrine applied to reach the merits of her appeal. (Naomi's Br. 41–42; State's Br. 12 n.4; Pet-App. 10 n.8.)

and functionality within the institution." *State v. Wood*, 2010 WI 17, ¶ 32, 323 Wis. 2d 321, 780 N.W.2d 63. When it comes to a patient's dangerousness in an institutional setting, our Legislature has spoken: the government's interest in maintaining safety and security prevails. Under Wisconsin's Mental Health Act, patients (including section 971.14 committees) don't have the right to refuse medication where they pose a danger to themselves or others. *See* Wis. Stat. § 51.61(1)(g)1., 3.

The Mental Health Act authorizes committing courts to order involuntary medication to address dangerousness at an institution. In *State v. Anthony D.B.*, 2000 WI 94, ¶¶ 1–10, 237 Wis. 2d 1, 614 N.W.2d 435, this Court unanimously held that section 51.61(1)(g) authorized a Chapter 980 committing court to order involuntary medication to address the committee's dangerousness at an institution. The analysis was straightforward: Chapter 980 committees are "patients" within the meaning of section 51.61(1), so they're entitled to the patients' rights enumerated in section 51.61(1)(g). Under section 51.61(1)(g)3., patients have the right to refuse medication except in certain circumstances, including where they pose a danger to themselves or others. Therefore, section 51.61(1)(g) authorized the Chapter 980 committing court to order involuntary medication—a separate Chapter 51 commitment proceeding wasn't necessary. *Anthony D.B.*, 237 Wis. 2d 1, ¶¶ 10–15.

Here, whether the section 971.14 committing court had statutory authority to order forced medication to address Naomi's dangerousness at Mendota should have been as uncomplicated as it was in *Anthony D.B.* There's no dispute that Naomi was a "patient" within the meaning of section 51.61(1), so the plain language of section 51.61(1)(g) authorized the order. But after neglecting the principles of statutory construction that *Anthony D.B.* relies upon, the

court of appeals determined that "*Anthony D.B.* compels the opposite conclusion" in this case. (Pet-App. 16.) It does not.

Given the novelty of the issue presented, the competing interests at stake, and the apparent conflict with *Anthony D.B.*, review is warranted under Wis. Stat. § (Rule) 809.62(1r)(a), (c)2., and (d).

STATEMENT OF THE CASE

A. The State charged Naomi with battery by prisoner.

In March of 2023, Naomi was an inmate at the Milwaukee County jail. (R. 2:1.) She was there because of pending misdemeanor charges for striking a nurse and kicking a police officer while staying at a psychiatric facility. (R. 37:21.) One night at the jail, a nurse came by to give Naomi her medication. (R. 2:1.) Naomi walked up and slapped the nurse in the face without saying anything. (R. 2:1.) The State charged Naomi with battery by prisoner in a new case (the one at issue here). (R. 2:1.)

B. The circuit court ordered a trial competency examination.

The next day, the circuit court ordered a trial competency examination. (R. 4:1.) The examiner opined that Naomi wasn't competent but was likely to regain competency within the time allotted if provided with psychiatric treatment. (R. 7:4.)

The examiner's report documented Naomi's long history of living with mental health challenges. (R. 7:1.) "[H]er symptoms of psychosis began when she was 23 years old," and she's been diagnosed with schizoaffective disorder, among other conditions. (R. 7:2.) Naomi "has historically reported symptoms including command hallucinations . . . delusional beliefs . . . mania, depression, anxiety, suicidal ideation, and

aggression." (R. 7:2.) "She has at least 45 episodes of care with the Milwaukee Behavioral Health Division." (R. 7:2.) Although her symptoms notably improve with psychotropic medications, Naomi "has a history of medication noncompliance." (R. 7:2.)

The examiner's report further noted that Naomi had been uncooperative since her recent admission to Mendota. (R. 7:3.) She "was verbally aggressive" with her treatment team and "threatened to harm various staff members." (R. 7:3.) A meeting on psychotropic medication "ended prematurely due to her increasing agitation and aggression." (R. 7:3.) Naomi "attempted to swing at staff" with "a container of cleaning supplies," and she had to be "placed in seclusion for continuing to hit objects in her room and ignoring staff redirects." (R. 7:3.)

The basis for the examiner's competency opinion was that Naomi was "acutely symptomatic" and couldn't "engage in coherent or reality-based conversation." (R. 7:4.) The examiner recommended involuntary medication to restore competency and noted that Naomi's treating psychiatrist at Mendota (Dr. Murtaugh) had already requested an order. (R. 7:5; 8.)

C. The circuit court found Naomi incompetent to proceed and committed her for treatment.

Based on the examiner's report and testimony, the circuit court found Naomi incompetent to proceed but likely to regain competency with treatment. (R. 40:15.) It committed her to DHS's care. (R. 40:38.)

After hearing testimony from Dr. Murtaugh on the *Sell* factors, the circuit court ordered involuntary medication to help restore Naomi's trial competency. (R. 16; 40:17–28, 38.) However, the court stayed the involuntary medication order

the next day because Naomi filed a notice of appeal challenging the order. (R. 23.)

D. DHS quickly sought an involuntary medication order to address Naomi's dangerousness at Mendota.

One day after the circuit court stayed the *Sell* order, DHS requested an involuntary medication order to address Naomi's dangerousness at Mendota. (R. 19:1.) DHS explained that "without medication, [Naomi] is a danger to herself and others. [She] has repeated instances of physical aggression toward staff at Mendota Mental Health Institute and continues to refuse potentially life-saving medication to treat a physical condition." (R. 19:1.)

Regarding Naomi's aggression toward staff, DHS elaborated that in a one-week period, Naomi had "hit[ ] the pane of [g]lass on her television," "emerged from her room with fists balled up and swung at staff," "grabbed a staff member's hair and attempted to hit the staff member," and "pushed a staff member's glasses against her face." (R. 19:1.) These actions were "in addition to numerous other threats of violence, profanity, and disruptive behavior toward other patients such as staring into their rooms and causing them agitation." (R. 19:1.)

As for Naomi's posing a danger to herself, DHS reported that Naomi suffers from a serious thyroid condition. (R. 19:2.) Medical staff told Naomi that if she didn't treat her medical condition, she risked damage to her organs, falling into a coma, and even death. (R. 19:2.) However, Naomi still refused to treat the thyroid condition. (R. 19:2.) DHS said that "Mendota medical personnel believe the untreated hypothyroid state affects [Naomi's] psychiatric symptoms and could potentially make the psychiatric symptoms harder to treat." (R. 19:2.)

DHS stressed that in the absence of involuntary medication to address Naomi's risk of harm to herself or others, she would be placed in seclusion—a "bare room with a metal door." (R. 19:1–2.) This is "unpleasant for patients and . . . can be traumatizing." (R. 19:1.) Naomi had already been secluded seven times while at Mendota, and without medication to help stabilize her, seclusion would likely continue. (R. 19:1–2.)

In short, "Mendota medical staff believe[d] [Naomi's] aggressive behaviors [would] continue without administration of medication." (R. 19:2.)

E. Following an evidentiary hearing, the circuit court ordered involuntary medication based on Naomi's dangerousness at Mendota.

One week after DHS's request, the circuit court held an evidentiary hearing on the dangerousness issue. (R. 37.) Naomi appeared by Zoom and had counsel present at the hearing. (R. 37:2.)

Dr. Cohen, Naomi's treating psychiatrist at Mendota, testified in support of an involuntary medication order for dangerousness. (R. 37:3–5.) Dr. Cohen told the circuit court that in the span of roughly three weeks, Naomi had been secluded at Mendota 17 times on account of her dangerousness. (R. 37:6.) Dr. Cohen detailed Naomi's "escalating" aggressive behavior, which included punching, kicking, and slapping people:

> She has, in an unprovoked manner, attacked a peer, slapping the peer in the face. She has punched staff, kicked staff. She has grabbed staff's hair and actually pulled a clump of hair out of the staff's head. She has pushed a staff member, one of our nurse's glasses on her face, and she continues to make threats and to exhibit non[ ] redirectable, threatening behaviors.

(R. 37:6–7.) Dr. Cohen explained that Naomi's aggressive behavior was because of her schizoaffective disorder, which Naomi refused to treat with medication. (R. 37:7–9.)

Naomi wasn't just posing a danger to others at Mendota, Dr. Cohen continued. (R. 37:8.) She threatened harm to herself by refusing to treat her thyroid condition. (R. 37:8.) Specifically, she risked suffering "significant long-term complications such as cardiovascular issues, multiorgan issues, coma," and "death as a result of this type of hypothyroidism when it is untreated." (R. 37:8.) Dr. Cohen believed that treating Naomi's schizoaffective disorder would help address the thyroid issue: "[B]y treating her symptoms of mental illness, her thoughts and behaviors will become clearer and hopefully she would be willing to take the medications which would definitively treat her medical condition and, therefore, she could stabilize and do better medically." (R. 37:12.)

At the hearing, Dr. Cohen confirmed that she considered Naomi's physical health conditions before recommending involuntary medication. (R. 37:10–11.) Based on Naomi's medical history, medical conditions, and mental health, Dr. Cohen opined that involuntary medication was in Naomi's best medical interest. (R. 37:12.)

Following Dr. Cohen's testimony, the circuit court vacated its previous involuntary medication order based on the *Sell* factors and instead ordered forced medication due to Naomi's dangerousness at Mendota. (R. 29; 39:10–11.) The court's order included a finding that Naomi wasn't competent to refuse medication. (R. 29.)

F. The court of appeals reversed Naomi's expired involuntary medication order.

Naomi appealed the order for involuntary medication to address her dangerousness at Mendota, arguing that the circuit court had no authority to issue the order. (Pet-App.

11–12.) The State argued that the court was authorized to issue the order under section 51.61(1)(g), citing to *Anthony D.B.* for support. (Pet-App. 11, 16.)

In a decision recommended for publication, the court of appeals reversed and vacated the expired involuntary medication order. (Pet-App. 25–26.) As noted, it applied an exception to the mootness doctrine to address the dangerousness issue. (Pet-App. 10 n.8.) The court of appeals distinguished *Anthony D.B.* and concluded that a section 971.14 committing court has no statutory authority to order involuntary medication to address a defendant-patient's dangerousness in an institution. (Pet-App. 15–22, 25.) It reasoned that there must be a second commitment through Chapter 51 to confront the issue. (Pet-App. 12, 25.)

The State petitions this Court for review.

ARGUMENT

This Court should grant review to decide whether a section 971.14 committing court has statutory authority to order involuntary medication based on dangerousness in an institution.

In *Anthony D.B.*, this Court unanimously held that section 51.61(1)(g) authorized the Chapter 980 committing court to order forced medication to address the committee's dangerousness at an institution. The same result should have followed here, involving a Chapter 971.14 committing court's statutory authority. Naomi, like Anthony D.B., was a patient at an institution when she posed a danger to herself and others. Because patients don't have a right to refuse medication when they're dangerous, the Chapter 971.14 committing court was authorized to issue the involuntary medication order. The court of appeals misapplied *Anthony D.B.* and principles of statutory construction in reaching the opposite conclusion. Review is warranted.

A. Courts should consider whether forced medication can be justified on dangerousness grounds before addressing the trial competence issue.

In vacating its *Sell* order and instead ordering involuntary medication based on Naomi's dangerousness at Mendota, the circuit court did as the U.S. Supreme Court has instructed. While competency restoration is one governmental interest that may override an individual's liberty interest in avoiding unwanted medication, addressing an individual's dangerousness in a confined setting is another. *Sell v. United States*, 539 U.S. 166, 178–83 (2003). *Sell* encourages courts to consider forced medication for dangerousness purposes before addressing the trial competency issue. *Id.* at 181–83.

Sell gave two reasons why addressing dangerousness is the preferred route in involuntary medication cases. First, deciding whether "particular drugs are medically appropriate and necessary to control a patient's potentially dangerous behavior (or to avoid serious harm to the patient himself)" is "easier" than trying "to balance [the] harms and benefits related to the more quintessentially legal questions of trial fairness and competence." *Sell*, 539 U.S. at 182. Second, state courts have experience making dangerousness determinations, typically in civil proceedings. *Id.*

Given the concerns about Naomi's dangerousness at Mendota, the circuit court was right to consider whether involuntary medication was warranted for that purpose before relying on the State's interest in restoring her trial competency. *See Sell*, 539 U.S. at 181–83. As argued below,

Wisconsin law authorized the court's inquiry and order based on dangerousness.[4]

B. Does section 51.61(1)(g) authorize a Chapter 971.14 committing court to order forced medication to address a defendant-patient's dangerousness at an institution?

1. The plain language of a statute controls, and statutes dealing with the same subject must be harmonized whenever possible.

When interpreting a statute, courts "assume that the legislature's intent is expressed in the statutory language." *State ex rel. Kalal v. Cir. Ct. for Dane Cnty*, 2004 WI 58, ¶ 44, 271 Wis. 2d 633, 681 N.W.2d 110. A court "is not at liberty to disregard the plain, clear words of the statute." *Id.* ¶ 46 (citation omitted). "If the meaning of the statute is plain," courts "ordinarily stop the inquiry." *Id.* ¶ 45.

Courts consider statutory language "in the context in which it is used; not in isolation but as part of a whole; in relation to the language of surrounding or closely-related statutes." *Kalal*, 271 Wis. 2d 633, ¶ 46. "[S]tatutory history is part of the context in which [courts] interpret the words used in a statute." *Richards v. Badger Mut. Ins. Co.*, 2008 WI 52, ¶ 22, 309 Wis. 2d 541, 749 N.W.2d 581. Contextual interpretation must be reasonable and "avoid absurd or unreasonable results." *Kalal*, 271 Wis. 2d 633, ¶ 46. "An interpretation that contravenes the manifest purpose of the

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[4] At the court of appeals, the State argued that Wisconsin law authorized the circuit court's involuntary medication order to address Naomi's dangerousness. (State's Br. 5–6, 12–24.) It did not and does not contend that U.S. Supreme Court precedent provides "an independent judicial basis for ordering involuntary medication based on dangerousness that would not require any grounding in statutory authority." (Pet-App. 11 n.9.)

statute is unreasonable." *State v. Dinkins*, 2012 WI 24, ¶ 29, 339 Wis. 2d 78, 810 N.W.2d 787.

"When construing several statutes that deal with the same subject, it is [a court's] duty to give each provision full force and effect." *Anthony D.B.*, 237 Wis. 2d 1, ¶ 11. "If two statutes that apply to the same subject are in conflict, the more specific controls." *Id.* "Conflicts between statutes are not favored and will not be held to exist if the statute may be reasonably interpreted otherwise." *Id.* In other words, courts are "required to attempt to harmonize statutes that may conflict." *Lipscomb v. Abele*, 2018 WI App 58, ¶ 46, 384 Wis. 2d 1, 918 N.W.2d 434.

2. As in *Anthony D.B.*, section 51.61(1)(g) authorized the involuntary medication order here.

The State has a strong interest in "maintaining safety, security, and functionality within" its mental health institutions. *Wood*, 323 Wis. 2d 321, ¶ 32; *see also Vitek v. Jones*, 445 U.S. 480, 495 (1980) ("Concededly the interest of the State in segregating and treating mentally ill patients is strong."). "Indeed, that interest is well-established." *Wood*, 323 Wis. 2d 321, ¶ 32.

To serve the State's strong interest, a statutory mechanism exists for involuntarily medicating Chapter 971.14 committees who are dangerous. Specifically, Wisconsin's Mental Health Act has it covered. Chapter 971.14 committees are "patients" within the meaning of section 51.61(1), governing "Patients rights." As patients, they have the right to "refuse medication and treatment" except in certain circumstances. Wis. Stat. § 51.61(1)(g). Most relevant here, "Following a final commitment order," patients have the right to refuse medication "unless the committing court . . . makes a determination, following a hearing, that the individual is not competent to refuse medication or treatment

or unless a situation exists in which the medication or treatment is necessary to prevent serious physical harm to the individual or others." Wis. Stat. § 51.61(1)(g)3. Thus, section 51.61(1)(g) authorizes orders for involuntary medication where an individual committed under Chapter 971.14 is dangerous.

Anthony D.B. confirms as much. There, Anthony D.B. was committed pursuant to Chapter 980 and the State sought an involuntary medication order to address his dangerousness in an institution. *Anthony D.B.*, 237 Wis. 2d 1, ¶¶ 3–4. Anthony D.B. argued that the committing court had no authority to order forced medication. *Id.* ¶¶ 1–5. Much like Naomi here (Naomi's Br. 30–31), Anthony D.B. submitted "that ch. 980 provides no independent authority for ordering involuntary medication" and that "the State was required to initiate commitment proceedings under Wis. Stat. ch. 51 before seeking an order for involuntary medication." *Id.* ¶ 5. This Court unanimously disagreed, holding that in certain circumstances, "§ 51.61(1)(g) authorizes orders for involuntary administration of medication for individuals committed under ch. 980." *Id.* ¶ 15.

The analysis in *Anthony D.B.* was straightforward: as an individual committed under Chapter 980, Anthony D.B. was a "patient" under section 51.61(1), so he was entitled to refuse medication unless an exception in section 51.61(1)(g) applied. *Anthony D.B.*, 237 Wis. 2d 1, ¶¶ 9–15. Because an exception in section 51.61(1)(g)3. applied, the committing court was authorized to order forced medication. *Id.* ¶¶ 4–5, 14–15. No additional commitment under Chapter 51 was necessary. *Id.* ¶ 10.

Here, the court of appeals agreed that "[i]f the involuntary medication provisions contained in [section 51.61(1)(g)1. and 3.] apply," "Naomi can be involuntarily medicated based on her dangerousness without consideration of the *Sell* factors." (Pet-App. 15–16.) Although it's undisputed

that Naomi was a "patient" within the meaning of section 51.61(1), the court of appeals concluded "that the involuntary medication provisions in Wis. Stat. § 51.61(1)(g)1. & 3. [did] not apply to Naomi." (Pet-App. 22.) In reaching this result, the court of appeals defied the very principles of statutory construction that *Anthony D.B.* endorsed, and then some.

The court of appeals reasoned that because Chapter 971.14 has involuntary medication provisions for *restoring trial competency*, the involuntary medication provisions in section 51.61(1)(g) don't apply to Chapter 971.14 committees. (Pet-App. 18–25.) On this basis, it distinguished *Anthony D.B.*, where Chapter 980 didn't set forth specific procedures for involuntary medication. (Pet-App. 16–18.) In the court of appeals' view, "*Anthony D.B.* makes clear that the involuntary medication provisions in Wis. Stat. § 51.61(1)(g)1. and 3. apply to patients only if the legislature has not provided an 'alternative provision[ ].'" (Pet-App. 18.)

The court of appeals is wrong. *Anthony D.B.* was "guided by well-established rules of statutory interpretation." *Anthony D.B.*, 237 Wis. 2d 1, ¶ 11. As "Wisconsin Stat. chs. 980 and 51 both govern individuals committed as sexually violent persons," this Court recognized its "duty to give each provision full force and effect" absent a conflict between the statutes. *Id.* Because Chapter 980 didn't have specific involuntary medication procedures, there was no potential conflict to resolve with section 51.61(1)(g). *See id.* ¶¶ 10–15. Therefore, this Court gave section 51.61(1)(g) "full force and effect." *Id.* ¶¶ 11, 15.

In rejecting Anthony D.B.'s reliance on statutory history to argue that section 51.61(1)(g) doesn't apply to Chapter 980 committees, this Court commented, "[W]e conclude that the [statutory] history supports the conclusion that the procedures in Wis. Stat. § 51.61 apply unless and until the legislature provides alternative provisions." *Anthony D.B.*, 237 Wis. 2d 1, ¶ 20. To read this language as the court

of appeals does—as depriving section 51.61(1)(g) of its "full force and effect" even if it doesn't conflict with another statute covering the same subject—is wrong as a matter of statutory interpretation. *Id.* ¶ 11. *Anthony D.B.* cannot reasonably be interpreted as abandoning the very principles of statutory construction that it relies on. *Id.*

Just as Chapter 980 and section 51.61(1)(g) "both govern individuals committed as sexually violent persons," Chapter 971.14 and section 51.61(1)(g) both apply to defendants committed for competency restoration. *Anthony D.B.*, 237 Wis. 2d 1, ¶ 11; Wis. Stat. § 51.61(1) (defining "patient" to include Chapter 971.14 committees). The court of appeals' duty here was to "give each provision full force and effect" absent a conflict between the statutes. *Anthony D.B.*, 237 Wis. 2d 1, ¶ 11. There is no conflict to resolve: section 51.61(1)(g) authorizes involuntary medication to address a Chapter 971.14 committee's dangerousness at an institution, whereas Chapter 971.14 is silent on the subject. *See* Wis. Stat. § 971.14(3)(dm), (4)(b). Section 51.61(1)(g) therefore controls and authorized the involuntary medication order to address Naomi's dangerousness at Mendota. The court of appeals wasn't at liberty to disregard section 51.61(1)(g)'s plain reach.

The court of appeals' contrary reading of the statutes further defies principles of statutory construction by leading to "absurd or unreasonable results." *Kalal*, 271 Wis. 2d 633, ¶ 46. The manifest purpose of the dangerousness provisions in section 51.61(1)(g) is to maintain "safety, security, and functionality within" mental health institutions. *Wood*, 323 Wis. 2d 321, ¶ 32. They provide a mechanism for the government to quickly return to the committing court to address the dangerousness issue without the need for separate commitment proceedings under Chapter 51. The decision below contravenes the manifest purpose of the dangerousness provisions by stripping Chapter 971.14 committing courts of their authority to address

dangerousness and instead requiring "parallel" commitment proceedings under Chapter 51. (Pet-App. 25.) The court of appeals' interpretation is therefore unreasonable. *Dinkins*, 339 Wis. 2d 78, ¶ 29.

It's also absurd to require dual commitments in these emergent situations. *See Kalal*, 271 Wis. 2d 633, ¶ 46. Why should "parallel proceedings" be required to address a Chapter 971.14 committee's dangerousness but not a Chapter 980 committee's dangerousness? It seems counter-intuitive that the Legislature would have intended to authorize some committing courts to address dangerousness at an institution but not others. The court of appeals offered no explanation for why the Legislature may have wanted such differential treatment. (Pet-App. 18–25.)

The court of appeals' analysis fails to harmonize the relevant statutes and leads to absurd or unreasonable results. *See Kalal*, 271 Wis. 2d 633, ¶ 46.

CONCLUSION

This Court should grant review.

Dated this 31st day of October 2024.

Respectfully submitted,

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FORM AND LENGTH CERTIFICATION

I hereby certify that this petition conforms to the rules contained in Wis. Stat. §§ (Rules) 809.19(8)(b), (bm) and 809.62(4) for a petition produced with a proportional serif font. The length of this petition is 4,195 words.

Dated this 31st day of October 2024.

Electronically signed by:

Kara L. Janson
KARA L. JANSON

CERTIFICATE OF EFILE/SERVICE

I certify that in compliance with Wis. Stat. § 801.18(6), I electronically filed this document with the clerk of court using the Wisconsin Supreme Court Electronic Filing System, which will accomplish electronic notice and service for all participants who are registered users.

Dated this 31st day of October 2024.

Electronically signed by:

Kara L. Janson
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