IN THE

Court of Appeals of Indiana

In re the Civil Commitment of A.A.

A.A.,

Appellant-Respondent

v.

Richmond State Hospital,

Appellee-Petitioner

September 15, 2026

Court of Appeals Case No.
26A-MH-342

Appeal from the Marion Superior Court

The Honorable David Certo, Judge

Trial Court Cause No.
49D08-2410-MH-45747

Opinion by Judge Vaidik
Judges Altice and Foley concur.

Vaidik, Judge.

Case Summary

[1] A.A. appeals the continuation of his regular commitment, arguing that the trial court erred in holding his review hearing remotely and that the evidence is insufficient to establish that he was "gravely disabled" at the time of the hearing. A.A. also argues, and Richmond State Hospital concedes, that the evidence is insufficient to support one of the trial court's findings and a special condition of his commitment.

[2] Our Supreme Court has emphasized that in-person proceedings are vital in involuntary civil commitment cases, and good cause to proceed remotely under Interim Administrative Rule 14 requires particularized and specific factual support. The trial court's finding of good cause did not meet this standard. Although we find that holding the review hearing remotely did not result in reversible error here, we caution trial courts against finding good cause based solely on circumstances that are prevalent among all commitment proceedings. Additionally, while there is sufficient evidence that A.A. was gravely disabled at the time of the hearing, the findings of stimulant-use and cannabis-use disorder and the special condition are not supported by the evidence. We therefore affirm in part, reverse in part, and remand.

Facts and Procedural History

[3] A.A. suffers from schizophrenia, for which he has been prescribed multiple medications. Without his medication, A.A. experiences delusional thoughts, hallucinations, and paranoia. But he "believes he does not have any mental illnesses" and "does not think that he needs to be on medications for schizophrenia." Tr. p. 12. When A.A. is off his medication, "he's a whole different person, very violent, very mean" to his family, and accuses them of things they haven't done. *Id.* at 24.

[4] In October 2024, A.A. was admitted to Community Fairbanks Behavioral Health for an emergency detention. Community then petitioned for A.A.'s regular commitment, and the trial court set a remote commitment hearing for October 22. The day before the hearing, A.A. objected to it being held remotely and requested an in-person hearing. The trial court began the hearing by addressing A.A.'s objection. Dr. Shilpa Guggali, A.A.'s attending psychiatrist, testified that "A.A.'s strong history of aggression and violence sparked her concern about holding A.A.'s hearing in person because she believed A.A. posed a significant risk of harm to himself and any others in attendance." *A.A. v. Cmty. Health Network, Inc.*, No. 24A-MH-2807, 2025 WL 2206030, at *1 (Ind. Ct. App. Aug. 4, 2025) (mem.) (quotations omitted). The court concluded it was necessary to hold the commitment hearing remotely to "ensure not just that A.A. is safe but that the courthouse is a safe environment for this proceeding." *Id.* Dr. Guggali and A.A.'s mother testified for Community. His mother described several incidents when A.A. threatened or harmed his family

members. The trial court ordered A.A.'s regular commitment, finding that he was gravely disabled and dangerous to others due to his schizophrenia. A.A. appealed the commitment order, and a panel of this Court affirmed. *Id.* at *3-4.

[5] A.A. remained at Community Fairbanks Behavioral Health for several months. By June 2025, he'd transitioned to a group home. From June to September, Community filed four petitions for his apprehension and return, all of which were granted. Each petition alleged that A.A. had left the group home without his medication or with only a limited amount. The August and September petitions also alleged that A.A. was becoming more aggressive. In his periodic report, A.A.'s outpatient-treatment physician noted that A.A. "continues to lack insight into his mental illness," "demonstrates impulsive thought process, poor judgment, and poor decision making," and "struggles with medication management, some disorganized thought patterns, and paranoia." Appellant's App. Vol. 2 p. 36. The physician opined that "[w]ithout the support of the group home staff and his mental health team, [A.A.] would be unable to attend to his psychological and daily needs." *Id.* Later in September, the trial court continued A.A.'s regular commitment without a hearing.

[6] At the end of October, A.A. was transferred from Community to Richmond State Hospital ("the Hospital"). When he was admitted to the Hospital, he was "well organized in his thoughts and behaviors," but "there were still some . . . auditory hallucinations" and "delusions." Tr. p. 9. The following month, A.A. moved for review of his commitment and treatment plan. He requested an in-person hearing, but the trial court set a remote review hearing for December 16.

The Hospital moved to continue the review hearing on the grounds that it needed additional time to prepare and to develop an updated treatment plan for the court to review. The trial court granted a continuance and rescheduled a remote hearing for January 14, 2026.

[7] On January 12, two days before the review hearing, the Hospital moved for a finding of good cause to hold the hearing remotely for the following reasons: (1) it already had two other patients scheduled for transport the day of the hearing, so it was uncertain whether a transport vehicle would be available for A.A.; (2) A.A.'s treating physician, Dr. Bridgette Kremer, had a patient admission scheduled for that day; (3) due to staffing shortages, it would be hard to find coverage for Dr. Kremer's patients during her absence; and (4) the trip from the Hospital to Marion County was lengthy, and its cost would be borne by Indiana taxpayers. The following day (the day before the hearing), the trial court issued an order "accept[ing] [the Hospital's] reasons as good cause to hold the review hearing remotely" and "also not[ing] [A.A.'s] 'strong history of aggression and violence' described by his mother and treating psychiatrist Dr. Guggali and recounted by the Court of Appeals." Appellant's App. Vol. 2 p. 68.

[8] At the start of the review hearing, A.A. objected to it being held remotely and renewed his request for an in-person hearing. The court noted the objection but proceeded with the remote hearing. The Hospital presented testimony from Dr. Kremer and A.A.'s mother, and A.A.'s counsel cross-examined both witnesses. Dr. Kremer testified that if A.A. is on his medication, he could probably shop for groceries and household necessities, prepare meals, and manage his finances

on his own. But she explained that A.A. doesn't believe he has schizophrenia or needs to be on medication, and without medication, he would "decompensate" and "his ability to function in the community and manage his funds . . . would fall through the cracks." Tr. p. 12. Dr. Kremer recommended continuation of A.A.'s regular commitment until he could be safely transitioned to outpatient treatment. She believed that A.A. would stop taking his medications if he were discharged without a commitment in place given his history of missing his medication administrations at the group home. A.A.'s mother testified that while A.A. had lived with her in the past, that was no longer an option because he "do[es] not want to take his medicine and when he do[es]n't take the medicine he's really, really sick and he's not himself." *Id.* at 22.

[9] After the Hospital rested, A.A. met with his counsel in a private virtual room and then testified on his own behalf. He said his medication "do[es] nothing but warp[] [his] mind," and he's "way brighter and better" without it. *Id.* at 29, 33. He testified that his medication and prior inpatient and outpatient treatment "don't do nothing for me, . . . don't make me no happy, they're just causing problems and hindering me." *Id.* at 32.

[10] Following the hearing, the trial court issued an order continuing A.A.'s regular commitment. The court found that A.A. "is suffering from Schizophrenia, Stimulant use disorder, Cannabis use disorder, mental illnesses, as defined in Ind. Code §12-7-2-130" and that he is "gravely disabled." Appellant's App. Vol. 2 p. 69. The court imposed several special conditions that would apply if and when A.A. attains outpatient status, including taking all medications as

prescribed, attending all clinic sessions as scheduled, and "not us[ing] alcohol or drugs, other than those prescribed by a certified medical doctor." *Id.* at 70.

[11] A.A. now appeals.

Discussion and Decision

I. The trial court erred by holding the review hearing remotely, but the error was harmless

[12] A.A. contends the trial court erred in holding his review hearing remotely. Under Interim Administrative Rule 14(C), "[a] court must conduct all testimonial proceedings in person except . . . for good cause shown or by agreement of the parties."[1] "[I]n-person evidentiary hearings are vital in certain proceedings, such as involuntary civil commitment hearings, where a party's liberty interests are at stake." *B.N. v. Health & Hosp. Corp.*, 199 N.E.3d 360, 365 (Ind. 2022). Thus, a showing of good cause under Administrative Rule 14 requires "particularized and specific factual support"—that is, "something specific to the moment, the case, the court, the parties, the subject matter, or other relevant considerations." *Id.* at 364-65. We review a trial court's good-cause determination under Rule 14 for an abuse of discretion. *Id.* at 363.

[1] Interim Administrative Rule 14 has been in effect since January 1, 2023. Our Supreme Court is currently considering a proposed final version of Rule 14. *See* https://www.in.gov/courts/publications/proposed-rules/april-2025/ [https://perma.cc/BTR7-D8BW].

[13] Here, the Hospital alleged there was good cause for a remote hearing because of scheduling, transportation, staffing, and cost issues. The trial court accepted these reasons and "also not[ed] [A.A.'s] 'strong history of aggression and violence' described by his mother and treating psychiatrist Dr. Guggali" in his initial commitment proceeding in 2024. A.A. argues that these reasons do not amount to particularized and specific factual support. We agree.

[14] In *B.N.*, the trial court denied B.N.'s request for an in-person hearing and proceeded remotely "due to the COVID-19 pandemic." *Id.* at 362. Our Supreme Court held that "this generic reference d[id] not amount to findings of good cause" because "th[e] record [wa]s devoid of any COVID-19-related concerns or constraints specific to the moment, the region, the courtroom, the parties, the type of proceeding, or any other circumstances that justified conducting the commitment hearing remotely." *Id.* at 364. Likewise, transport vehicles being used for other patients, a doctor's competing patient intake, a staffing gap, and the miles between a hospital and courthouse are not specific to the moment, the region, the courtroom, the parties, or the type of proceeding here. On the contrary, these are the ordinary scheduling issues present in nearly every commitment case. *See id.* (explaining that a good-cause finding "must offer something more than a one-size-fits-all, boilerplate pronouncement"). Thus, these circumstances do not provide the particularized and specific factual support required for a finding of good cause under Administrative Rule 14.

[15] As for A.A.'s "strong history of aggression and violence," the Hospital didn't include this as a reason to find good cause to hold the review hearing remotely;

rather, the trial court made this finding based on testimony from A.A.'s mother and Dr. Guggali at the October 2024 commitment hearing. Dr. Guggali, who is no longer A.A.'s attending physician, testified at that time that due to A.A.'s history of aggression and violence, she was concerned about holding the hearing in person because she believed he posed a significant risk of harm to himself and others present at the hearing. But this testimony came over a year before the January 2026 review hearing, and no such concern was expressed with regard to that hearing. As A.A. points out, "If a historic finding of dangerousness constituted good cause to continue remotely, any mental health respondent who had *ever* been found dangerous would be prohibited in perpetuity from having an in-person hearing." Appellant's Br. p. 17.

[16] On appeal, the Hospital points to the August and September 2025 petitions for apprehension and return, which described A.A. as aggressive. *See* Appellant's App. Vol. 2 pp. 32 ("[H]e was starting to become physically and verbally aggressive before his return back to the group home."), 34 ("[H]e has been trespassing and verbally aggressive over the last couple of days."). But these petitions were several months before the review hearing, and neither indicated that A.A. posed a risk of harm to himself or others. *Cf. In re Commitment of A.V.*, 273 N.E.3d 106, 108-10 (Ind. Ct. App. 2025) (affirming finding, which was based on psychiatrist's testimony at start of hearing, that good cause existed to hold hearing remotely because "it would be unsafe to bring [A.V.] to the courthouse" and "it [wa]s very likely he'd become agitated and disruptive" and "attempt to flee"), *reh'g denied*, *trans. denied*. Without something more specific to

the January 2026 review hearing, A.A.'s history of aggression and violence does not provide the particularized factual support required for good cause. The trial court abused its discretion in finding good cause to conduct the review hearing remotely.

[17] That said, we find the trial court's error to be harmless. A trial court's error is harmless when "its probable impact, in light of all the evidence in the case, is sufficiently minor so as not to affect the substantial rights of the parties." Ind. Appellate Rule 66(A). A.A. argues that holding the review hearing remotely "affected [his] substantial rights to be present at the hearing" because his "difficulty determining what is real and who he can trust" "probably impacted [his] performance during the hearing as well as his ability to trust the outcome." Appellant's Br. p. 18. But this claim is not supported by the record. A.A. was present for the entire hearing, met with his counsel in a private virtual room, and testified on his own behalf. His counsel cross-examined both witnesses and objected to their testimony when appropriate. And there was no indication of any technological difficulties that hindered A.A.'s ability to be present or participate in the hearing. For these reasons, the probable impact of holding a remote hearing was sufficiently minor such that we conclude it did not affect A.A.'s substantial rights. *See B.N.*, 199 N.E.3d at 365 (finding harmless error "in light of B.N.'s active participation during the virtual hearing, the lack of technological issues which may have adversely impacted her, and counsel's zealous advocacy"). Thus, the trial court's error was harmless.

II. The evidence is sufficient to establish that A.A. was "gravely disabled" at the time of the hearing

[18] A.A. also argues that the evidence is insufficient to support continuation of his regular commitment. In a review hearing held to determine whether to continue a civil commitment, the "petitioner is required to prove by clear and convincing evidence that: (1) the individual is mentally ill and either dangerous or gravely disabled; and (2) detention or commitment of that individual is appropriate." Ind. Code § 12-26-2-5(e). "Appellate courts will affirm a civil commitment if, considering only the probative evidence and the reasonable inferences supporting it, without weighing evidence or assessing witness credibility, a reasonable trier of fact could find [the necessary elements] proven by clear and convincing evidence." *J.W. v. Cmty. Fairbanks Behavioral Health*, 260 N.E.3d 946, 951 (Ind. 2025) (quotations omitted).

[19] A.A. contends that the Hospital failed to prove by clear and convincing evidence that he was "gravely disabled" at the time of the review hearing. At that time, "gravely disabled" was defined as "a condition in which an individual, as a result of mental illness, is in danger of coming to harm because the individual:" (1) "is unable to provide for that individual's food, clothing, shelter, or other essential human needs" or (2) "has a substantial impairment or an obvious deterioration of that individual's judgment, reasoning, or behavior that results in the individual's inability to function independently." I.C. § 12-7-

2-96 (repealed July 1, 2026).[2] The Hospital asserts that the evidence satisfies the second prong. We agree.

[20] Although A.A. has long suffered from schizophrenia, he doesn't believe that he has any mental illness or that he needs to be on medication. After he was discharged to a group home following his initial hospital stay in this case, his providers filed four petitions for his apprehension and return alleging that he'd either left the group home and failed to return or left without his medication. Given this history of missing his medication administrations, Dr. Kremer believed that A.A. would stop taking his medication if he were discharged without a commitment in place.

[21] A.A. claims that his denial of his schizophrenia and refusal to take his medication are not enough to establish that he is gravely disabled. He relies on *Civil Commitment of T.K. v. Department of Veterans Affairs*, where our Supreme Court held that "denial of illness and refusal to medicate, standing alone, are insufficient to establish grave disability because they do not establish, by clear and convincing evidence, that such behavior 'results in the individual's inability to function independently.'" 27 N.E.3d 271, 276 (Ind. 2015). But there was ample evidence to establish that A.A.'s denial of his illness and refusal to medicate would result in his inability to function independently. Without his medication, A.A. experiences delusional thoughts, hallucinations, and

[2] The definition of "gravely disabled" was recodified at Indiana Code section 12-7-2.1-170. The new statute contains the same language for prongs (1) and (2) and includes a third prong, which is not relevant here.

paranoia. In his September 2025 periodic report, A.A.'s outpatient-treatment physician stated that A.A. lacks insight into his mental illness, struggles with medication management, and "would be unable to attend to his psychological and daily needs" without "the support of the group home staff and his mental health team." *See also* Appellant's App. Vol. 2 p. 36 ("Without this commitment, [A.A.'s] ability to care for himself would be severely limited."). When A.A. was admitted to the Hospital at the end of October 2025, he was still experiencing some auditory hallucinations and delusions. Dr. Kremer testified that if A.A. is on his medication, he could probably shop for himself, prepare meals, and manage his finances, but without it, he would "decompensate" and his symptoms would inhibit "his ability to function in the community and manage his funds." And A.A. testified that his medication and prior treatment have "just caus[ed] problems and hinder[ed]" him and that he's "way brighter and better" without his medication. This is clear and convincing evidence that A.A. has a substantial impairment in his judgment, reasoning, or behavior that results in his inability to function independently and is therefore "gravely disabled."

III. The trial court's finding that A.A. suffers from stimulant-use and cannabis-use disorders and the special condition that A.A. not use alcohol or non-prescribed drugs are not supported by the evidence

[22] Finally, A.A. contends there is no evidence to support the trial court's finding that he suffers from stimulant-use and cannabis-use disorders or the special condition that he not use alcohol or drugs other than those prescribed by a

doctor. "[T]here must be sufficient evidence in the record for the trial court to conclude that . . . a 'special condition' bears a reasonable relationship to the treatment of the individual and the protection of the individual and the public." *G.H. v. Richard L. Roudebush Veterans Affs. Med. Ctr.*, 216 N.E.3d 485, 490 (Ind. Ct. App. 2023). The Hospital concedes that there is no evidence that A.A. has any history of substance abuse or alcohol issues and that no one recommended that refraining from using alcohol or drugs be a condition of A.A.'s outpatient status. We therefore reverse the trial court's commitment order in part and remand with instructions to strike the finding that A.A. suffers from stimulant-use and cannabis-use disorders and the special condition prohibiting him from consuming alcohol and drugs.

[23] Affirmed in part, reversed in part, and remanded.

Altice, J., and Foley, J., concur.

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