

No. 1-10-3418

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IN THE  
APPELLATE COURT OF ILLINOIS  
FIRST JUDICIAL DISTRICT

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<i>In re</i> ARIELLE T., a Person Found Subject	)	
to Involuntary Medication	)	
(The People of the State of Illinois,	)	Appeal from the
	)	Circuit Court of
Petitioner-Appellee,	)	Cook County.
	)	
v.	)	No. 10 COMH 2845
	)	
ARIELLE T.,	)	The Honorable
	)	Aurelia Pucinski,
Respondent-Appellant).	)	Judge Presiding.

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JUSTICE STERBA delivered the judgment of the court.  
Presiding Justice Lavin and Justice Fitzgerald Smith concurred in the judgment.

**ORDER**

- ¶ 1 *Held:* The court did not err in denying review of an order for involuntary treatment where the issue was moot because the order was for a period of time not to exceed 90 days, the 90-day period had expired, and none of the exceptions to the mootness doctrine applied.
- ¶ 2 Respondent Arielle T. appeals from the circuit court's October 19, 2010, order subjecting her to the involuntary administration of medication pursuant to the Mental Health and

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Developmental Disabilities Code (Code) for a period of time not to exceed 90 days. Respondent contends that the State failed to prove by clear and convincing evidence that she met all of the criteria for involuntary treatment. We find respondent's appeal to be moot and subject to dismissal.

¶ 3 On October 5, 2010, the State filed a petition on behalf of respondent's treating psychiatrist, Dr. Vesna Pirec at the University of Illinois Medical Center in Chicago (University of Illinois), to begin the involuntary treatment of respondent with psychotropic medications pursuant to section 2-107.1 of the Code. 405 ILCS 5/2-107.1 (West 2010). In the petition, Dr. Pirec alleged that respondent was eight months pregnant and reported a past diagnosis of schizophrenia. Dr. Pirec alleged that respondent was psychotic and extremely disorganized during her current hospitalization. Respondent exhibited delusional thought content, including grandiosity, paranoia, poor judgment, poor reality testing, and inability to think logically. Before the current hospitalization, respondent had gone to a different hospital and had complained that her water had broken, but she subsequently said that she had urinated on herself. Respondent refused to permit Dr. Pirec to contact her family, and therefore her location before the current hospitalization was unknown. Respondent denied that she had a mental illness and said that the only reason she was in the hospital was that she had been kidnaped.

¶ 4 Dr. Pirec reported that respondent had been hospitalized multiple times during the past year. Dr. Pirec reported further that respondent was suffering because of her untreated mental illness, and that she had presented at Stroger Hospital as "being nowhere and having nobody." Respondent had been making poor choices for herself and her unborn baby. Dr. Pirec concluded,

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based on respondent's eloquence, that she was well educated and intelligent, but unable to organize her life because of her mental illness. Respondent also was infected with symptomatic sexually transmitted diseases (STD's) that she did not want to treat even though they could affect her pregnancy.

¶ 5 Respondent admitted that she had previous psychiatric hospitalizations that began during her early adolescence, but she refused to provide the names of the hospitals and the dates of admission. Dr. Pirec observed that there was limited information about respondent but that it was clear she had been treated with antipsychotic medications in the past. Respondent reported that those medications had not worked and/or that they had been administered to regulate her menstrual cycle.

¶ 6 According to Dr. Pirec, the benefits of the treatment outweighed the harm. Without treatment, respondent risked being unable to care for herself and her unborn child. Respondent's capacity to make decisions was limited, as shown by her refusal to accept obstetrical treatment. Medications could stabilize her condition. The treatment of choice would be antipsychotic medications, which the doctor reported had not been connected to any neonatal side effects and/or withdrawal. Dr. Pirec reported that treatment would improve respondent's disorganization, which would also improve her judgment and decision-making.

¶ 7 Dr. Pirec further reported that less restrictive services, such as group therapy, milieu therapy, and talk therapy, had been explored and had been found to be inappropriate with medication because respondent's pronounced symptoms precluded her participation in those services.

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¶ 8 The petition reflected that respondent "was given written information about benefits, side effects, and risks of all medications requested by Dr. Pirec on October 1, 2010."

¶ 9 Dr. Pirec requested a court order authorizing her and the clinical staff at the University of Illinois in Chicago to administer psychotropic medication to respondent for up to 90 days. The primary medication and dosage range consisted of Olanzapine 5-30 milligrams per day orally (PO) or 10-30 milligrams per day intravenously (IM). Several alternative medications and dosages were also listed.

¶ 10 Subsequently, in an amended petition for administration of involuntary treatment, dated October 19, 2010, the medications were changed to Risperidone 1-8 milligrams per day PO or IM, Risperidone (Consta) injectable 12.5-50 milligrams IM q2wks, and Haldoperidal Decanoate 50-200 milligrams IM q4wks. Other medications were stricken from the petition. The amended petition, like the original one, sought a court order authorizing Dr. Pirec and the clinical staff at the University of Illinois in Chicago to administer psychotropic medication to respondent for up to 90 days.

¶ 11 On October 19, 2010, the circuit court granted the State's motion to amend the petition for involuntary treatment, and then held a hearing on the amended petition. At the hearing, respondent, respondent's mother, and Dr. Pirec testified.

¶ 12 Respondent's mother, Deidra T., testified as follows. Respondent, who was 23 years old, was diagnosed with schizophrenia when she was 16 or 17 years old. Respondent had three pregnancies. She had a three-year-old daughter who was born in 2007. The father had custody of the little girl, but respondent believed that the girl had been kidnaped.

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¶ 13 Respondent's mother testified further that respondent had been hospitalized several times at Jackson Park Hospital. When respondent took medicine, she was lethargic, groggy and slept a lot. The medicine slowed her down and slowed down the agitation. Respondent always declined medications at the hospital, returned home, and did not fill the prescriptions. Respondent did not like the groggy way the medications made her feel. During respondent's current hospitalization, she had conversations with her mother in which she "talked a mile a minute, she was all over the place, she was throwing around a lot of conspiracy theories."

¶ 14 According to respondent's mother, respondent was always agitated prior to her hospitalization. During a telephone conversation on the day before the hearing, Respondent's speech changed from very clear and audible to almost inaudible. Respondent did not get along with her mother's boyfriend, so they stayed at opposite ends of the room. Respondent's mother never knew what was going to irritate respondent. Sometimes when they got along, respondent would start talking to herself. Approximately one year before the hearing, respondent's mother put a lock on her own door because she was concerned about respondent having access to all parts of the house. Respondent's mother believed that, since respondent's hospitalization the previous November, respondent had become "progressively worse," because she remained aggravated for longer periods of time, the episodes seemed to occur "closer together," the aggravation seemed to have escalated "a lot more," and there seemed to be more causes that triggered respondent's anger. Respondent's mother suggested to her that she probably needed to take medication, but respondent opposed doing so.

¶ 15 Respondent's mother recalled driving the car the previous summer with respondent as a

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passenger. They were laughing, joking, and smiling, which did not usually happen when they were together. Respondent's mother asked her, "what happened to this girl? This is the girl I've been looking for for so long. Where do you keep her hidden at?" Respondent answered, "She's always here." They stopped for food, and went to separate places. When they returned to the car, respondent was completely different because there was no laughing, no joking, and no talking. "She [respondent] was completely dark. It was like a dark cloud had come over her." Since respondent's hospitalization the previous November, her mother saw the darker personality more often. Respondent's mother saw the laughing and joking personality "very infrequently," and when she had, it did not last long, only minutes or hours.

¶ 16 Respondent's mother testified that respondent did not have contact with her daughter, but periodically she had contact with the child's father. Respondent was present in the courtroom when the child's father was given custody of her daughter, so respondent knew what had taken place, but she still believed that her daughter had been kidnaped.

¶ 17 Respondent had spoken with her mother during the past year about carrying on the family name. Respondent said that she was going to have several babies. As far as respondent's mother knew, respondent had not had any prenatal care. Respondent's mother had not seen any prenatal vitamins, and she had not seen respondent go to the doctor at all, although within the three-month period prior to the hearing, she had taken respondent to the University of Chicago Hospital once when respondent thought that her water had broken. Respondent was told that she had an infection and was given a prescription, but as far as her mother knew, she had not filled the prescription.

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¶ 18 Respondent's mother described respondent's sleeping habits as erratic. Sometimes respondent slept all day and was up all night. Respondent went out in the middle of the night, which concerned her mother because respondent became involved in situations in which she was harmed. Respondent got into a fight with "a guy" who hit her on the head and damaged her hearing. Respondent also alleged that she had been raped. Respondent's mother was concerned because she did not think that respondent could take care of herself, and she believed that respondent's judgment was impaired.

¶ 19 Respondent's mother testified that, if respondent was released from the hospital, she would not be willing to have her return home, because she believed that respondent needed help, and knew that she could not give respondent the help she needed.

¶ 20 During cross-examination, respondent's mother testified that in 2007, respondent took medication for two weeks on an outpatient basis. One medication was Abilify and one was an antipsychotic drug. Respondent did not see a psychiatrist on an outpatient basis. She had hospitalizations at several hospitals and refused medication most of the time.

¶ 21 Dr. Pirec testified as an expert in psychiatry. Respondent was admitted to the University of Illinois on September 25, 2010. Dr. Pirec first examined respondent on the following day, performed subsequent evaluations of her every business day thereafter, and observed respondent's behavior every day. Dr. Pirec obtained limited social history from respondent, and obtained more information from respondent's mother, with whom she spoke for the first time on the day prior to the October 19, 2010, hearing. Dr. Pirec also reviewed respondent's current hospital records, but not her past hospital records, and discussed respondent's condition with her

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peers, such as other psychiatrists. According to Dr. Pirec, respondent suffered from a severe and chronic mental illness, and the doctor wanted to rule out schizoaffective disorder. Respondent was symptomatic at the time of the hearing. Respondent displayed paranoia, and was concerned that people were harming her or trying to hurt her. She would hide behind a small wall because she thought that someone from the other side of the unit could see her. Respondent was delusional. For example, respondent believed that she was applying for many different jobs, that she had many different resumes, and that people were stealing the resumes from her backpack. She reported that her water had broken and that the pregnancy resulted from rape, but later she said that was not the case. Respondent said that the baby's father was famous and on television. She was seen walking down the hallway and responding to inner stimuli. Respondent was seen in the hallway wrapped in a sheet, and she had to be directed to put clothing on.

¶ 22 Dr. Pirec believed that respondent had exhibited suffering behavior, because she believed that her daughter had been kidnaped, which was causing inner pain. Respondent also constantly feared that someone was going to harm her, and she said that she was or was not raped, which also produced inner pain.

¶ 23 Based on the information that Dr. Pirec had obtained from respondent's mother, respondent's ability to function definitely had deteriorated. Respondent had been able to finish high school and had a job at the board of trade, but she was no longer able to keep her job. Her mother reported that she had tried to work at a dollar store during the past summer, but was only able to hold the job for two days. She also lost custody of her daughter.

¶ 24 Respondent had participated in groups at the hospital. She loved the arts and crafts

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group, and was focused in it. She participated in talk therapy, but the therapist said that respondent would become disorganized and would not be able to focus on any groups that required more thought process and talking.

¶ 25 Based on information from respondent's mother, respondent started to become sick at age 16 or 17. Respondent had been symptomatic throughout her stay at the University of Illinois.

¶ 26 Dr. Pirec was seeking psychotropic medication for respondent for a period of 90 days. Dr. Pirec wanted to administer, as primary medication, 1 to 8 milligrams per day of Risperidone either PO or IM, or 12.5 milligrams every two weeks of Risperidone consta, which was a different form, an injectable form, of the same medication. Dr. Pirec was also considering several other specified antipsychotic medications.

¶ 27 According to Dr. Pirec, the anticipated benefits from Risperidone would be antipsychotic effect, which would mean that respondent would have less experience, no paranoia or delusions, and no response to inner stimuli. The possible side effects were extra pyrimidal symptoms (EPS), meaning tremors or twitching of muscles, but those side effects were much less common with the second generation of the psychotic group. The most common side effect was occasional sedation, but the medication could be administered at night.

¶ 28 When asked about the possible risks specific to pregnant women with Risperidone, Dr. Pirec testified that there were no side effects in pregnant women or in breast-feeding women. Nor was there any long-term effect for children who were studied in terms of social and behavioral development. In Dr. Pirec's opinion, the benefits anticipated from Risperidone would definitely outweigh the risks associated with respondent's condition. Dr. Pirec anticipated the

same benefits and side effects from Risperidone consta, with the additional benefit of patient compliance because it would be administered once in two weeks. There were no risks specific to pregnant women from Risperidone consta of which Dr. Pirec was aware or which had been published.

¶ 29 Dr. Pirec testified at length as to the benefits and risks of several other of the recommended medications. As to each drug, she concluded that the anticipated benefits outweighed the possible risks.

¶ 30 Respondent had not been given written information about each of the medications, including the risks and benefits of each, because she did not want to discuss anything about the medication. Dr. Pirec attempted to give written information to respondent in the past, but respondent would not talk whenever medication was brought up. Dr. Pirec did not attempt to hand information about medication to respondent because she had not first discussed it with her.

¶ 31 Respondent's attorney moved for a directed finding at that point because the State's petition indicated that on October 1, 2010, Dr. Pirec had given written information to respondent regarding the risks and benefits. The following colloquy then ensued:

"Q. [Assistant State's Attorney] To clarify, doctor, your petition indicates that on October 1st that she was given written information by yourself of the risks and benefits?

A. No. Okay. Probably—I'm sorry. That was—it was my resident that gave it before we—I cannot remember, it's not me who did it, it's the resident.

Q. What is the resident's name?

A. October 1st, it was Dr. Linda Flores."

¶ 32 The court held the motion for a directed finding in abeyance.

¶ 33 Dr. Pirec then testified that she did not believe that respondent had the capacity to make a reasonable judgment about the medication because her symptoms "present" that she did not understand the risks or the benefits. She did not understand the terms of being treated or not being treated and the potential consequences for her and indirectly for her ability to continue with her pregnancy and take care of the child. Respondent had also been offered obstetrical service, which she refused, and dermatology service for her eczema. Her response to those services contributed to Dr. Pirec's opinion about her lack of capacity to understand. Less restrictive treatment alternatives had been explored for her, such as group therapy and milieu therapy, but they would not suffice to stabilize her condition and treat her symptoms. Those services could constitute support, but they could not take away psychotic symptoms in any patient, and they would not be appropriate without medication.

¶ 34 Dr. Pirec's long-term plans for respondent were to stabilize her condition, do the maintenance treatment, find a safe place for her until the delivery and also post-partum, perform medication management and monitoring, and give her a structured setting. Dr. Pirec believed that respondent would do better in a structured setting with some groups and possibly case management.

¶ 35 Dr. Pirec testified further that, after learning from respondent's mother that respondent did not comply with medications, Dr. Pirec was trying to administer only the injectable medications, and that she would use only one medication at a time. If respondent developed side effects, she

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would be given Benadryl. Respondent's judgment about prenatal care and managing her STD would improve if either of the medications worked effectively on a regular basis. The medications would not affect the STD.

¶ 36 After the State rested, respondent testified. Respondent was 27 years old. Prior to her hospitalization, she stayed at several different houses. Respondent went to two other hospitals before she went to the University of Illinois. She went to Trinity three or four days before she went to the University of Illinois, but Trinity "completely kicked [her] out" and refused to treat her "after me asking inquisitively." Respondent walked to a bus stop, boarded the bus, walked back home, got her car from the State's Attorney's office, and went to John Stroger Hospital because she thought that her "water bag had broken." She saw clear liquid coming out of her vaginal area, and she could not say where it was coming from. Respondent stayed at Stroger Hospital almost 24 hours before she received "any real good treatment." Respondent was taken to obstetrics, and was put on a heart machine, but an obstetrics machine for gynecological problems was not used. She continued:

"I get to that particular hospital for an incident with that as well as a vaginal STD—not STD it's a bacterial infection. It's supposed to be treated. I had gotten—it's not there. It's there. It's not there. It's there from several different hospitals."

¶ 37 When asked if eventually she was allowed to leave Stroger Hospital, respondent testified:

"To my understanding, after I asked them to copy a few sheets of paper that had court information on it for a friend, Samya Campbell. The ladies had taken more

hours, 2 or 3, and they refused. The fact of me leaving, a person who had not been there. They had a test, vaginal with a guy with deep red irises."

¶ 38 When asked again if she was allowed to leave Stroger Hospital, respondent testified:  
"No. They held me hostage. Then they called several nurses. I asked for the police to come to assist me and they told me that I wouldn't be able to get any assistance. I dropped to the floor where I'm supposed to be able to go to a paddy wagon to be whisked [*sic*] away to a stall if they were going to arrest me."

¶ 39 Respondent was transported from Stroger Hospital to the University of Illinois. "They" injected her with "two different salines," drew her blood, and held her in restraints. When asked if she signed in as a volunteer at the University of Illinois, respondent testified that she did not sign any paperwork at the University of Illinois. It was her second time coming from "that particular hospital." She testified further:

"I told them about the scar I had before that had been with bleeding vaginally, that was spotting, and I told them I did not have bus fare and they were trying to keep me regardless, so I left both times."

¶ 40 Respondent signed more than one five-day request to be discharged, and she still wished to be discharged from the hospital. When asked where she would get prenatal care if she was discharged from the University of Illinois, respondent gave another rambling answer that began, "The prenatal information is not something that's supposed to be spread about the state." She could go to a victim's home to live after being discharged from the hospital. She was not taking the medications that they were trying to give to her at the hospital. The first time that she

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requested medication, "they" tried to give medication to her that contained a psych ward medication. "They" told her that it was phosphorus and that she was supposed to take it. But phosphorus was not for pregnant women or for children. Respondent had received Risperidone before, and she had taken Risperdal at several facilities. She did not continue to take the medications. The medication "was not for a mental status. The medication is to tighten your vagina and to put you to sleep." Respondent had side effects from the Risperdal, such as sleeping all day. She did not know what Haldol or Haloperidol was. Respondent was not willing to receive psychotropic medication and she did not want to take Risperdol because she was not a healthy person. She had concerns about the medications infecting the fetus because there was no one qualified to do early care there. If respondent went into cardiac shock or had a problem with the baby or a seizure, the heart beat would stop because of the injected medications, and the baby would be stillborn.

¶ 41 On October 19, 2010, the court granted the amended petition for involuntary treatment for a period of time not to exceed 90 days. The court found that respondent had a serious mental illness, and that because of the mental illness she exhibited a deterioration of her ability to function, compared to her ability to function prior to the onset of symptoms of mental illness. The court also found that respondent was suffering from schizoaffective disorder with symptoms of paranoid and delusional behavior, that she had refused to submit to treatment by psychotropic medication, and that the benefits of treatment would outweigh the harm. The court further found that respondent lacked the capacity to understand the treatment. The court observed that respondent was specifically suffering from believing that her daughter had been kidnaped, that

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the child's father was a television star, she was afraid of people and was found hiding, she was delusional, and she was applying for jobs while in the hospital. The court observed that each episode appeared to be getting longer and more severe. The court stated that respondent had been diagnosed with schizophrenia at age 17, that she had had multiple hospitalizations, that she did not comply with medications, and that, because of her delusional judgment and disorganization, she was putting herself and her unborn child at risk. Dr. Pirec and the staff were authorized to administer medication. The psychotropic medication was not to exceed 90 days. The court observed that the motion for a directed finding was denied, and that a petition for respondent's involuntary readmission was pending.

¶ 42 The court's written order reflects that Risperidone 1-8 milligrams per day PO or IM and Risperidone injectable (consta) 12.5-50 milligrams IM q2wks were the primary medications. The alternative medications were Haloperidol 5-25 milligrams per day PO or 5-20 milligrams IM, and Haloperidol Decanoate 50-200 milligrams IM q4wks. The medical providers were also authorized to administer a comprehensive metabolic panel, a lipid profile, and an ultrasound. At respondent's request, obstetrical consultation and treatment would be made available. Respondent appealed the court's finding that she was a person subject to involuntary treatment, and its order that she receives psychotropic medication, tests and other procedures.

¶ 43 On appeal, respondent contends that there was no clear and convincing evidence that all of the criteria for involuntary treatment were satisfied. She maintains that inadmissible hearsay was the only evidence showing that she received the required written information about the psychotropic medications, that there was no proof she was notified of alternative treatments, that

the State failed to prove by clear and convincing evidence that she lacked capacity to make a reasoned decision, and that the State failed to prove by clear and convincing evidence that the benefits of the psychotropic medications would outweigh the harm. Respondent concedes that this appeal is moot because the 90-day medication order entered on October 19, 2010, expired on January 17, 2011, but she contends that the appeal falls within all three exceptions to the mootness doctrine: public interest; capable of repetition yet avoiding review; and collateral consequences.

¶ 44 The State responds that the appeal should be dismissed because it is moot and the exceptions do not apply.

¶ 45 The issue is whether an exception to the mootness doctrine allows this court to consider respondent's claim that the evidence was insufficient to warrant her involuntary medication. We hold that the matter is moot, and that the exceptions do not apply.

¶ 46 Illinois courts generally do not decide moot questions. *In re Alfred H.H.*, 233 Ill. 2d 345, 351 (2009). However, exceptions to the mootness doctrine exist. *In re Wendy T.*, 406 Ill. App. 3d 185, 189 (2010). The three exceptions that respondent argues are applicable here are: (1) the public interest exception; (2) the capable of repetition exception; and (3) the collateral consequences exception. *Id.*

¶ 47 Pursuant to the public interest exception, a court may consider an otherwise moot case if it presents an issue of a public nature, the issue requires an authoritative determination to guide public officers, and the issue will likely recur. *In re Alfred H.H.*, 233 Ill. 2d at 355; *In re Wendy T.*, 406 Ill. App. 3d at 189. This exception is narrowly interpreted, and each element of the

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exception must be clearly shown. *In re Alfred H.H.*, 233 Ill. 2d at 355-56.

¶ 48 The public interest exception is not applicable because this appeal presents an issue concerning the sufficiency of the evidence to subject respondent to involuntary medication, which is "case-specific" and not an issue of a public nature. See *Id.* at 356-57 (sufficiency of the evidence for involuntary commitment was not an issue of a public nature). Nor does this case present a need for an authoritative determination to guide public officers. *Id.* at 357-58.

Furthermore, there has been no clear showing that the issue of the sufficiency of the evidence is likely to recur. If it does, its resolution would depend on an evaluation of respondent's condition at that future time. It is far from clear that, at that future time, respondent's mental condition and physical condition would be the same as they were at the time of the hearing in this case, when she was eight months pregnant and suffered from an STD in addition to her mental illness.

Therefore, the sufficiency of the evidence in this case at this time would not be dispositive of the sufficiency of the evidence at a future time. See *Id.* at 358.

¶ 49 The capable of repetition yet avoiding review exception also is not applicable. That exception may apply to a case involving "an event of short duration capable of repetition, yet evading review \*\*\*." *In re James H.*, 405 Ill. App. 3d 897, 901 (2010). Pursuant to the capable of repetition yet avoiding review exception, a court may consider an otherwise moot case if the action being challenged does not last long enough to be fully litigated prior to its cessation (*In re Alfred H.H.*, 233 Ill. 2d at 358; *In re James H.*, 405 Ill. App. 3d at 901), and if a reasonable expectation exists that "the same complaining party would be subjected to the same action again" (*In re Barbara H.*, 183 Ill. 2d 482, 491 (1998); see also *In re Alfred H.H.*, 233 Ill. 2d at 358; *In*

*re James H.*, 405 Ill. App. 3d at 901).

"Simply stated, there must be a substantial likelihood that the issue presented in the instant case, and any resolution thereof, would have some bearing on a similar issue presented in a subsequent case." *In re Alfred H.H.*, 233 Ill. 2d at 360; see also *In re James H.*, 405 Ill. App. 3d at 902.

¶ 50 Here, the first element is met because the challenged 90-day order was of such brief duration that it could not have been fully litigated before it expired. *In re Alfred H.H.*, 233 Ill. 2d at 358. However, the second element that a reasonable expectation exists that the same respondent would be subjected to the same action again was not met because the facts would be different in a future hearing regarding involuntary treatment or commitment. *Id.* at 358-60. The issue as to whether the involuntary administration of psychotropic medication was the appropriate treatment for respondent was a fact-specific question and a fact-based decision by the circuit court. *In re James H.*, 405 Ill. App. 3d at 902. The circuit court's decision was based on respondent's condition at the time of the decision, seriously mentally ill, eight months pregnant, and suffering from an STD, whereas a future proceeding would require a new evaluation of respondent's condition at that future time. *In re Alfred H.H.*, 233 Ill. 2d at 360; *In re James H.*, 405 Ill. App. 3d at 902.

¶ 51 The third exception to the mootness doctrine is the collateral consequences exception. Pursuant to this exception, a court may consider an otherwise moot case if the respondent has suffered, or faces the threat of, an actual injury that can be traced to the parties involved and will likely be redressed by the court. *In re Alfred H.H.*, 233 Ill. 2d at 361.

"This exception applies where the respondent could be plagued in the future by the adjudication at issue." *In re James H.*, 405 Ill. App. 3d at 902.

¶ 52 If the respondent had previous involuntary commitments or felony convictions, then "there is no collateral consequence that can be identified that could stem solely from the present adjudication." *In re Alfred H.H.*, 233 Ill. 2d at 363. Instead, any collateral consequences already existed from the respondent's previous involuntary commitments and convictions (*In re Alfred H.H.*, 233 Ill. 2d at 363; *In re James H.*, 405 Ill. App. 3d at 903), and the collateral consequences exception would not apply (*In re James H.*, 405 Ill. App. 3d at 903).

¶ 53 In the present case, although respondent distinguishes the particular types of collateral consequences that various proceedings can potentially cause, the parties indicated that respondent was subjected to an involuntary admission or commitment at the University of Illinois Hospital in addition to her involuntary medication. Furthermore, the record reveals that respondent had previous hospitalizations, including hospitalizations at Jackson Park Hospital and at Tinley Park Hospital, and possibly Trinity and Stroger, and previously was administered psychotropic medication when hospitalized. Thus, the fact remains that respondent will experience collateral consequences not solely from the present involuntary treatment, but also from her past experiences without regard to the present involuntary treatment or the outcome of the present appeal. Her earlier hospitalizations and psychotropic drug treatment are part of her history and can be the source of collateral consequences. Therefore, any collateral consequences are not attributable to this adjudication, and the collateral consequences exception is not applicable. *In re Alfred H.H.*, 233 Ill. 2d at 363-63; see also *In re Merrilee*, 409 Ill. App. 3d 377, 378-79

(2011); *In re James H.*, 405 Ill. App. 3d at 902-03.

¶ 54 The recent decision in *In re Vanessa K.*, 2011 IL App (3d), 100545, ¶ 16, does not warrant a different result here. There, the respondent asked the court to interpret the written notification requirements of section 2-102 of the Code (405 ILCS 5/2-102(a-5) (West 2010)), and also raised an issue concerning the sufficiency of the evidence. The court concluded that the interpretation of section 2-102 was a matter of public interest because it would guide other public officers, and the court held that that issue fell within the public interest exception to the mootness doctrine.

¶ 55 The court further held in *In re Vanessa K.* that the issue as to the sufficiency of the evidence did not fall within the public interest exception to the mootness doctrine, but that it did fall within the capable of repetition yet avoiding review exception. The court reasoned that the respondent's history of noncompliance with her medication and her inability to reason rendered it reasonable to expect that she would be the subject of another petition to administer involuntary psychotropic medication to her in the future. However, the Illinois Supreme Court has held that where the respondent challenges the sufficiency of the specific facts in a specific adjudication, such as whether he was a danger to himself or to others, there must be a "clear indication of how a resolution of this issue could be of use to respondent in future litigation," to satisfy the capable of repetition yet avoiding review exception to the mootness doctrine. *In re Alfred H.H.*, 233 Ill. 2d at 360. There was no such clear indication in *In re Alfred H.H.*, 233 Ill. 2d at 360. Nor have we found any such clear indication in the present case of how resolution of the specific issues could be of use to respondent in future litigation given that her issues are absolutely specific to

this particular adjudication. We also question the existence of such a clear indication in *In re Vanessa K.* All three cases involve fact-specific issues highly dependent on the evidence at the time of those adjudications, and those fact-specific issues militate against any clear indication of how their resolution would be of use to the respondent in future litigation involving future evidence.

¶ 56 Furthermore, *In re Vanessa K.* cited the supreme court's decision in *In re Alfred H.H.* solely for the proposition that the standard of review was *de novo*, but then disregarded the rest of the supreme court's comprehensive decision in *In re Alfred H.H.* The court in *In re Vanessa K.* was not entitled to disregard supreme court precedent that Illinois appellate courts must follow (see *People v. Malloy*, 374 Ill. App. 3d 820, 823 (2007); *Heepke v. Heepke Farms, Inc.*, 271 Ill. App. 3d 935, 938 (1995)).

¶ 57 In conclusion, this appeal arose from the circuit court's order that respondent was subject to involuntary medication for a period of time not to exceed 90 days. This court cannot grant any meaningful relief to respondent because the challenged order has expired, and no exceptional circumstances exist for surmounting the mootness doctrine. We have considered, and rejected, all of respondent's arguments on appeal. Accordingly, the appeal is dismissed.

¶ 58 Dismissed.