NOTICE
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2020 IL App (5th) 140327-U

NOS. 5-14-0327, 5-14-0328 cons.

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

NOTICE
This order was filed under Supreme Court Rule 23 and may not be cited as precedent by any party except in the limited circumstances allowed under Rule 23(e)(1).

In re JULIA L., a Person Found Subject to Involuntary Admission With Psychotropic Medication	)	Appeal from the Circuit Court of St. Clair County.
(The People of the State of Illinois,	)	
Petitioner-Appellee,	)	
v.	)	Nos. 14-MH-3, 14-MH-5
Julia L.,	)	Honorable Laninya A. Cason,
Respondent-Appellant).	)	Judge, presiding.

JUSTICE BARBERIS delivered the judgment of the court.
Justice Boie concurred in the judgment.
Justice Cates specially concurred.

ORDER

¶ 1 *Held*: Appeal dismissed as moot where respondent has failed to establish that any exception to the mootness doctrine applies.

¶ 2 Respondent, Julia L., appeals from two orders entered by the circuit court of St. Clair County pursuant to the Mental Health and Developmental Disabilities Code (Mental Health Code) (405 ILCS 5/1-100 *et seq.* (West 2014)). Respondent appeals the court's order for involuntary admission on an inpatient basis (*id.* § 1-119), arguing that the State failed to prove by clear and convincing evidence that, due to her mental illness,

respondent was (1) unable to provide for her basic physical needs so as to guard herself against serious harm without the assistance of family and friends (*id.* § 1-119(2)) and (2) refusing or not adhering adequately to prescribed treatment; unable to understand her need for treatment; and if not treated on an inpatient basis, was reasonably expected, based on her behavioral history, to suffer mental or emotional deterioration; and, after such deterioration, was reasonably expected to meet the other criteria for involuntary admission (*id.* § 1-119(3)).

¶ 3 Respondent also appeals the circuit court's order for involuntary administration of psychotropic medication (*id.* § 2-107.1), arguing that the State failed to prove by clear and convincing evidence that (1) respondent acted or displayed symptoms, due to her mental illness, to warrant involuntary treatment either by suffering or deterioration of her ability to function (*id.* § 2-107.1(a-5)(4)(B)(i), (ii)), and (2) respondent lacked decisional capacity to make a reasoned decision about the proposed treatment, where the State failed to prove she received all required information (*id.* § 2-107.1(a-5)(4)(E)). For the following reasons, we dismiss respondent's appeal as moot.

¶ 4 I. Background

¶ 5 On April 10, 2014, respondent was admitted to St. Elizabeth's Hospital in Belleville, Illinois (St. Elizabeth's) after police officers found her naked in a park in Carbondale, Illinois. At the time of her admission, respondent was 49 years old and homeless.

¶ 6 On May 2, 2014, Deborah Vogel, director of behavioral healthcare at St. Elizabeth's, filed a petition requesting the circuit court's authorization to involuntarily

admit respondent. The petition alleged that respondent was mentally ill; unable to provide for her basic physical needs without the assistance of family and others; refused treatment; unable to understand her need for treatment because of the nature of her illness; reasonably expected to suffer mental or emotional deterioration if not treated; and reasonably expected to place herself or others in physical harm. According to the petition, respondent was in need of inpatient treatment because she "[wa]s delusional, [had] disorganized thoughts, *** refus[ed] to cooperate with social services for nursing home placement, *** [wa]s not interested in help, yet she cannot sustain herself safely in the community." The petition also included certificates of examination prepared by two psychiatrists at St. Elizabeth's, Drs. Randy Jung and Mina Charepoo, confirming that, respondent, due to her mental illness, was a person subject to involuntary inpatient admission (405 ILCS 5/3-813 (West 2014)) and judicial inpatient admission (*id.* § 4-611) and in need of immediate hospitalization.[1]

¶ 7 Additionally, on May 2, 2014, Dr. Jung filed a petition to involuntarily administer psychotropic medication to respondent for a period of up to 90 days. The petition listed Dr. Jung's first-choice medication and three, alternative medications, with recommended dosages for respondent.

¶ 8 On May 15, 2014, the circuit court held a hearing on the petition for involuntary administration of psychotropic medication. The first witness to testify was Dr. Jung, who testified to the following. Dr. Jung diagnosed respondent with schizophrenia disorder,

[1]We note that respondent was involuntarily admitted on an inpatient basis, pursuant to 405 ILCS 5/3-813 (West 2014), for a period not to exceed 90 days. Respondent was not judicially admitted.

which respondent had likely suffered from all of her adult life. Respondent had exhibited a deterioration in her ability to function, as evidenced by her delusions, hallucinations and previous actions in a park in Carbondale, Illinois, that prompted her admission to St. Elizabeth's. In Dr. Jung's opinion, respondent was suffering, as a result of her illness, because she was homeless, unable to live an independent life, and unable to care for herself, as evidenced by her inability to consistently take her psychiatric and diabetic medications. Although respondent did not exhibit threatening behavior, and she showered, ate meals, slept and took diabetic insulin while she was admitted, Dr. Jung believed respondent's condition would likely deteriorate without the use of psychotropic medication.

¶ 9 Next, the State called Vogel to testify. Vogel testified that she was present when Dr. Jung discussed with respondent the recommended treatment options and associated risks of the medications that Dr. Jung had recommended.

¶ 10 Lastly, David Lysakowski, a social worker at St. Elizabeth's, testified to the following. After contacting several of respondent's family members, including respondent's brother and daughter, Lysakowski learned that respondent had no known family or friends willing to assist with her care. Lysakowski acknowledged that respondent was not dangerous to others at the time of the hearing, although respondent seemed "a bit more paranoid" than she did at the time of admission. Lysakowski opined that respondent could be discharged to nursing care because she was "doing okay" at St. Elizabeth's.

¶ 11 Following the State's case-in-chief, the circuit court granted respondent's motion for a directed verdict. The court dismissed the petition for involuntary administration of psychotropic medication, finding that the State had failed to prove that respondent had received the required written information on the risks and benefits of the proposed medications and alternative forms of treatment. Respondent's counsel then requested a continuance to reschedule the hearing on the petition for involuntary admission, which the court granted. The court ordered respondent to stay admitted at St. Elizabeth's.

¶ 12 On May 28, 2014, Dr. Jung filed a second petition for involuntary administration of psychotropic medication. The petition was signed by Dr. Jung and alleged that respondent "refuses her oral diabetes med[ication] and askes [*sic*] that diabetic diet stopped [*sic*]. She has no housing. She thinks she is pregnant."

¶ 13 On May 29, 2014, the circuit court held a hearing on the petition for involuntary admission. Dr. Jung testified to the following. Because respondent had been diagnosed with schizophrenia, was "delusional, and as a function of that[,] *** unable to adequately care for herself," Dr. Jung opined that it was best for respondent to remain admitted on an inpatient basis to prevent degradation of her condition and any future harm to herself. Although she had been scheduled for discharge on two separate occasions, Dr. Jung cancelled the discharge orders because respondent lacked housing and a support system. Overall, Dr. Jung's primary concern was that respondent was delusional, and as a result, unable to take care of herself, which would likely cause her to quickly deteriorate and lead to actions similar to those that prompted her admission.

¶ 14 Next, Lysakowski, again, testified that respondent's brother and daughter had declined to participate in respondent's care upon discharge. Lastly, Vogel testified that, if discharged, respondent would be homeless and, given her state of mind, unsafe to herself and others.

¶ 15 At the conclusion of the hearing, respondent's counsel argued that the State had failed to file a dispositional report, as required under the Mental Health Code (405 ILCS 5/3-810 (West 2014)). As a result, the State requested a continuance for additional time to file an amended petition to attach the required report. Over counsel for respondent's objection, the circuit court granted the State's request to continue. It appears from the record that the court reserved ruling on whether to grant the State leave to amend the petition.

¶ 16 On June 4, 2014, the State filed a motion to amend the petition for involuntary admission. The proposed amended petition included contact information for three of respondent's relatives and attached an alternative dispositional report with treatment and discharge plans. The alternative dispositional report, signed by Dr. Jung, recommended inpatient commitment following respondent's refusal to take psychotropic medication.

¶ 17 A hearing on the proposed amended petition for involuntary admission and the second petition for administration of psychotropic medication was held on June 5, 2014. Before testimony was taken, the State addressed the motion to amend. Over the objection of respondent's counsel, the circuit court allowed the State to amend the petition for involuntary admission. The circuit court then proceeded on the amended petition for involuntary admission, and testimony from Lysakowski and respondent was heard.

¶ 18 At the time of the hearing, Lysakowski testified that respondent's condition remained unchanged for several weeks, even though respondent had attended therapy, consistently groomed herself and taken some of her medications. Lysakowski confirmed that respondent was not a danger to others at that time.

¶ 19 Next, respondent testified to the following on her own behalf. The instant involuntary admission was respondent's first admission to a mental health facility. Respondent indicated that she had been evicted from her trailer on March 31, 2014, because her landlord allegedly lied in an affidavit. According to respondent, she did not have appropriate housing because she was waiting on approval for social security disability benefits. She believed she did not need nursing home placement because she had applied for low-income, subsidized housing, and she had family and friends to live with upon discharge. If discharged, she would attend counseling and group therapy.

¶ 20 On cross-examination, respondent acknowledged that she had nowhere to live if she was discharged "until, maybe, [she] ma[de] a phone call or two." Respondent indicated that she had been "bullied, harassed [and] stalked" by the bishop of a church in Carbondale, Illinois. Respondent left that church after she was told in a "roundabout way, [that she would] be handed off to be married." She also claimed that someone had eavesdropped on her phone conversations and broken in and keyed her trailer. Respondent believed people were harassing her to take over her trailer. Additionally, respondent claimed her mail had been stolen from outside her trailer and a post office box that was located inside a post office. Lastly, respondent denied that she had been naked in a park in April 2014, claiming she was training her service dog while fully clothed.

¶ 21 Following the close of evidence, respondent's counsel argued that the State had failed to prove by clear and convincing evidence that respondent met the criteria for involuntary admission. Counsel asserted that the State had proven only that she was homeless, which was insufficient to commit an individual under the Mental Health Code. In response, the State asserted that it was very likely respondent's condition would worsen if she was not involuntarily admitted, given her variety of medical diagnoses in combination with her state of homelessness.

¶ 22 At the conclusion of the involuntary commitment hearing, the circuit court granted the State's petition for involuntary admission. In doing so, the court expressed concern over respondent's past delusions, her lack of stable housing, and the absence of available support if the court denied the State's petition for involuntary admission. Although respondent appeared cognizant and understood questions posed to her, the court found respondent's statements—that someone had stolen her mail and tapped her phone conversations—troubling. Furthermore, the court determined that, due to her hallucinations and delusions, respondent was unable to care for herself and live independently. Moreover, recognizing that homelessness was not a reason to detain a person in a mental health facility, the court believed respondent could pose a danger to herself and others without the assistance of family or friends.

¶ 23 The circuit court then proceeded to a hearing on the State's second petition for involuntary administration of psychotropic medication. Dr. Jung testified to the following. Respondent suffered from schizophrenia and experienced delusions that interfered with her ability to "appropriately test reality." Specifically, respondent had

delusions she was pregnant with multiple babies, one of which was a double amputee, and she insisted that Dr. Jung had told her she had gestational diabetes. However, no medical evidence confirmed respondent was pregnant, and Dr. Jung denied that he told respondent she had gestational diabetes. Respondent also claimed that she had developed an allergic reaction to one of her diabetic medications; however, no medical evidence supported her claim. Dr. Jung believed respondent had suffered from her current illness for most of her adult life, and that she was incapable of making reasonable decisions regarding her own treatment. Dr. Jung discussed the medications with respondent and provided her written information on the side effects and benefits of the medication, as well as alternative treatments that could be used in conjunction with the recommended medication. Dr. Jung also identified alternative medications, the appropriate dosage ranges and possible side effects.

¶ 24 On cross-examination, Dr. Jung testified that respondent was "requesting ultrasounds for her pregnancy. And she's requested chest x-rays for delusional pneumonia." In his opinion, respondent was "quite psychotic." Although Dr. Jung acknowledged that respondent was taking some of her diabetic medication, was very intelligent and had been grooming herself at the time of the hearing, he believed that if respondent was discharged and unmedicated, she would likely deteriorate to a similar state that had led to her admission.

¶ 25 Next, respondent testified to the following on her own behalf. Contrary to Dr. Jung's testimony, respondent denied having received all of the information on the administered medication. Respondent believed she was suffering, due to increased stress

following her admission to St. Elizabeth's. Respondent indicated that she had rejected medications in the past due to a history of adverse effects, including hives, rashes and shortness of breath. Respondent claimed she held a certified nursing assistant (CNA) license, was both a "certified developmental disabled attendant" and a pharmacy technician in training, and had worked in several healthcare facilities.

¶ 26 On cross-examination, respondent believed she was pregnant, despite her vow of chastity, because she had experienced movement in her belly and weight gain. According to respondent, Dr. Jung told her that one of her twin babies was a double amputee, and she had been informed by another healthcare individual at St. Elizabeth's that there was a heartbeat in her belly.

¶ 27 Following the close of evidence, respondent's counsel argued that there was "clear testimony that [respondent] does not have any intellectual disability." In fact, counsel argued that respondent had the capacity to make a reasoned decision about her treatment, given she had been vocal about adverse side effects to medication she had experienced in the past. Next, counsel asserted that the State had failed to demonstrate that respondent had received all of the necessary written information before she was involuntarily administered psychotropic medication. Moreover, counsel argued that the State had failed to prove by clear and convincing evidence that respondent was suffering, or that she had deteriorated in her ability to function, given that her health had not been affected and she was not a danger to herself or others.

¶ 28 In response, the State argued that respondent's ability to function had deteriorated and her overall health had been affected by her delusional state of mind. Specifically, the

State argued that respondent had exhibited delusional beliefs that she had rashes and hives from her diabetic medication and "belief[s] that she's being victimized in various ways, that people are talking about her, [and] they won't give her medical treatment she's requesting such as x-rays and ultrasounds." In conclusion, the State requested the court authorize the involuntary administration of psychotropic medication.

¶ 29 Following the parties' arguments, the circuit court orally pronounced that, although she did not exhibit threatening behavior, respondent was suffering as a result of her illness because she was unable to live independently, failed to take required medications and displayed a deterioration in her ability to function, as evidenced by her delusional belief that she was pregnant. The court ultimately determined that the benefits of administering mediation to respondent would cause her to experience less delusions, allow her to better function and slow the deterioration in her mental capacity.

¶ 30 On June 6, 2014, the circuit court entered two written orders finding that the State had proven by clear and convincing evidence that respondent was subject to involuntary admission and involuntary administration of psychotropic medication for a period of 90 days. In the court's order authorizing involuntary admission, the court found that respondent, a person with a mental illness, was unable to provide for her basic physical needs, so as to guard herself from serious harm without the assistance of family or others. Moreover, the court determined that respondent was refusing or not adhering adequately to prescribed treatment, unable to understand her need for treatment, and if not treated on an inpatient basis, was reasonably expected, based on her behavioral history, to suffer mental or emotional deterioration. The court also determined that respondent was

reasonably expected to meet the other criteria for involuntary admission if such deterioration occurred.

¶ 31 Moreover, in the circuit court's order authorizing administration of psychotropic medications, the court determined, *inter alia*, that respondent had a serious mental illness and/or developmental disability; had exhibited deterioration in her ability to function, had exhibited suffering and/or exhibited threatening behavior; that respondent's illness or disability had existed for a period marked by the continuing presence of the above symptoms; the benefits of the treatment outweighed the harm; that respondent lacked the capacity to make a reasoned decision about her treatment; other less restrictive services were explored and found inappropriate; and respondent received information about the side effects and benefits of the treatment and alternative treatments. The written order also detailed the primary and alternative medications and dosages.

¶ 32 Respondent timely filed the instant appeal challenging the circuit court's orders for involuntary admission and involuntary administration of psychotropic medication.[2]

¶ 33 II. Analysis

¶ 34 Before reaching the merits of respondent's appeal, we note that this appeal is moot, as the underlying judgments, entered by the circuit court on June 6, 2014, were limited to 90 days, which have long since passed. This court does not have jurisdiction to decide a moot question or render an advisory opinion unless the case falls within an

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[2]Respondent's appeal comes before this court nearly six years after she filed a notice of appeal. The record on appeal demonstrates that, from December 2014 through August 2018, respondent filed countless motions for extension of time to file an appellant brief. The State then filed multiple motions for extension of time to file an appellee brief from October 2018 through October 2019. Additionally, respondent filed multiple motions for extension of time to file a reply brief from November 2019 through January 2020.

exception to the mootness doctrine. *In re Barbara H.*, 183 Ill. 2d 482, 491 (1998). Although most mental health cases fall within one or more of the recognized exceptions to the mootness doctrine, "there is no *per se* exception to mootness that universally applies to mental health cases." *In re Alfred H.H.*, 233 Ill. 2d 345, 355 (2009). The determination of whether a case falls within a particular exception must be made on a case-by-case basis. *Id.*

¶ 35 The three recognized exceptions to the mootness doctrine are (1) the public-interest exception, (2) the capable-of-repetition-yet-evading-review exception, and (3) the collateral consequences exception. *In re Beverly B.*, 2017 IL App (2d) 160327, ¶ 19. Here, respondent argues her appeal meets all three recognized exceptions to the mootness doctrine. In response, the State argues we should dismiss this appeal because it is moot and fails to meet any of the three exceptions to the mootness doctrine. We agree with the State.

¶ 36 A. The Public-Interest Exception

¶ 37 The public-interest exception applies only if a clear showing exists that (1) the question presented is of a public nature; (2) there is need for an authoritative determination for future guidance of public officers; and (3) there is a likelihood of future recurrence of the question. *Alfred H.H.*, 233 Ill. 2d at 355 (citing *People ex rel. Wallace v. Labrenz*, 411 Ill. 618, 622 (1952)). The public-interest exception must be " 'narrowly construed and requires a clear showing of each criterion.' " *Id.* at 355-56 (quoting *In re Marriage of Peters-Farrell*, 216 Ill. 2d 287, 292 (2005), citing *In re India B.*, 202 Ill. 2d 522, 543 (2002), and *In re Adoption of Walgreen*, 186 Ill. 2d 362, 365 (1999)).

¶ 38 On appeal, respondent argues the public-interest exception is met because (1) involuntary mental health proceedings are matters of public interest; (2) little to no precedent exists as to the definitions of "suffering," "deterioration of ability to function," and "deterioration"; and (3) respondent presents a general issue that is likely to recur in another case either with her or other respondents. Respondent argues all three criteria have been met. We disagree.

¶ 39 We first address the second criterion—whether there is need for an authoritative determination for future guidance of public officers—as it is dispositive of this exception. In arguing the second criterion has been met, respondent argues there is little precedent defining "suffering" for the involuntary administration of medication because the Mental Health Code does not define suffering. Contrary to respondent's assertion, however, there are several Illinois cases that have addressed the type of evidence necessary to support a finding of suffering. See *In re Debra B.*, 2016 IL App (5th) 130573, ¶¶ 44-45 (the State "must provide some factual basis for an assertion that [the] respondent is suffering," such as evidence that "provid[ed] *** insight into why *** symptoms caused *** suffer[ing]"); *In re Wendy T.*, 406 Ill. App. 3d 185, 194 (2010) (evidence sufficient to support a finding that the respondent was suffering where she often became angry when she was unable to communicate effectively or perform basic tasks), *overruled on other grounds by In re Rita P.*, 2014 IL 115798, ¶¶ 33-34; *In re Lisa P.*, 381 Ill. App. 3d 1087, 1095 (2008) (sufficient evidence was presented to support the circuit court's finding that the respondent was suffering where the respondent experienced rage and paranoia as a result of her illness); and *Beverly B.*, 2017 IL App (2d) 160327, ¶ 43 (insufficient

evidence of suffering was found where State failed to show that the proposed medication could treat her distress). Additionally, this court recently issued a decision that considered the evidence necessary to show suffering. See *In re Robert M.*, 2020 IL App (5th) 170015, ¶¶ 48-49 (ample evidence demonstrated the respondent's anxiety stemmed from his mental illness, particularly his paranoia and somatic preoccupations, which was "precisely the type of evidence we said the State could present to support a finding of suffering in *Debra B.*").

¶ 40 Likewise, contrary to respondent's assertion that little precedent exists as to the definition of "deterioration of ability to function," there are several Illinois cases that have addressed the type of evidence necessary to support a finding that a respondent's ability to function had deteriorated for purposes of authorizing the involuntary administration of medication. See *Lisa P.*, 381 Ill. App. 3d at 1096 (deterioration had occurred because, in conjunction with the fact that the respondent was unemployed and homeless, she often exhibited explosive rage and "engaged in conduct so inappropriate that she had to be restrained and/or medicated"); *In re M.T.*, 371 Ill. App. 3d 318, 321 (2007) (the respondent's ability to function had deteriorated based on her decisions to (1) stop eating because voices had told her to do so, (2) barricade the entrance to her home, and (3) turn off the furnace to heat her home with an oven and waffle iron); *In re Perona*, 294 Ill. App. 3d 755, 766 (1998) (the respondent's inability to remain clothed, his disruptive behavior, depression and loss of appetite had caused a deterioration in his ability to function).

¶ 41 Lastly, we cannot conclude that there is need for an authoritative determination for future guidance of public officers concerning the type of evidence that must be presented to find that a respondent is reasonably expected to suffer mental or emotional "deterioration" for purposes of involuntary admission. See *In re Torski C.*, 395 Ill. App. 3d 1010, 1022 (2009) ("This 'deterioration' factor is nothing more than part of the court's analysis of whether a mentally ill individual poses a sufficient danger in order to be constitutionally confined. The analysis of whether the individual is deteriorating, either mentally or emotionally, should take into account the severity of his or her symptoms, past patterns of behavior, and whether known risk factors exist.").[3]

¶ 42 Based on the foregoing, we conclude that the public-interest exception to the mootness doctrine does not apply to the instant case where a clear showing of the second criterion has not been demonstrated. Because a clear showing of each criterion must be met for the exception to apply, we need not address the first and third criteria. See *Alfred H.H.*, 233 Ill. 2d at 355-56 (the public-interest exception must be " 'narrowly construed and requires a clear showing of each criterion' ").

¶ 43 B. The Capable-of-Repetition-Yet-Avoiding-Review Exception

¶ 44 The second exception to the mootness doctrine, capable-of-repetition, applies only if (1) the challenged action is of such duration that it cannot be fully litigated prior to its cessation and (2) a reasonable expectation exists that the same complaining party would

[3]Section 1-119 of the Mental Health Code was amended to remove any references to "dangerous conduct" and to change the commitment criteria under section 1-119. Pub. Act 96-1399, § 5 (eff. July 29, 2010) (2010 Ill. Legis. Serv. 3593, 3593-94) (amending 405 ILCS 5/1-119 (West 2008)). We note, however, that the phrase "to suffer mental or emotional deterioration" remained unchanged.

be subject to the same action again. *In re J.T.*, 221 Ill. 2d 338, 350 (2006). Similar to the public-interest exception, this exception must be narrowly construed and requires a clear showing of each criterion. *Id.*

¶ 45 As earlier stated, the challenged orders, entered by the circuit court on June 6, 2014, were limited to 90 days. Because the challenged orders were of such short duration, it could not have been fully litigated prior to its cessation. As such, the first criterion has been established. See *Alfred H.H.*, 233 Ill. 2d at 358 ("Both the parties and the appellate court agree that 'this challenged order was of such short duration, it could not have been fully litigated prior to its cessation.' " (quoting *In re Alfred H.H.*, 379 Ill. App. 3d 1026, 1029 (2008))). Thus, the only question with regard to this exception is whether there is a reasonable expectation that respondent will be personally subject to the same action.

¶ 46 Given our analysis above, we cannot conclude that respondent's arguments, specifically that the definitions of "suffering," "deterioration of ability to function" and "deterioration," raise statutory and/or procedural compliance issues. Rather, her claims on appeal raise sufficiency-of-the-evidence issues, that is, whether the circuit court lacked sufficient evidence to order involuntary commitment and involuntary administration of medication. Given respondent's sufficiency-of-the-evidence claims, there is no clear indication of how resolution of these issues could be of use to respondent in future litigation. See *Alfred H.H.*, 233 Ill. 2d at 360 (sufficiency-of-the-evidence claim was not capable of repetition where there was not a reasonable expectation that the respondent would be personally subject to the same action). Furthermore, respondent's current status is unknown, and the record does not demonstrate a documented history of

mental illness and hospitalizations. In fact, the record demonstrates the instant involuntary admission, which took place in 2014, was respondent's first admission into a mental health facility. Given this, we cannot reasonably conclude that the same action against her in this case may confront her again. Accordingly, review is not appropriate under the capable-of-repetition exception to the mootness doctrine.

¶ 47 C. The Collateral Consequences Exception

¶ 48 "The collateral consequences exception applies where a party has suffered or is threatened with an actual injury traceable to the defendant and likely to be redressed by a favorable judicial determination." *In re Daryll C.*, 401 Ill. App. 3d 748, 752 (2010) (citing *Alfred H.H.*, 233 Ill. 2d at 361). Its application is decided on a case-by-case basis, and the exception does not automatically apply in situations where a respondent has not had a prior involuntary admission. See *Rita P.*, 2014 IL 115798, ¶ 34 ("Application of the collateral consequences exception cannot rest upon the lone fact that no prior involuntary admission or treatment order was entered, or upon a vague, unsupported statement that collateral consequences might plague the respondent in the future."). "Collateral consequences must be identified that 'could stem solely from the present adjudication.' " *Id.* (quoting *Alfred H.H.*, 233 Ill. 2d at 364). Furthermore, application of this exception cannot rest upon vague, unsupported statements that collateral consequences might plague the respondent in the future. *Id.* "Rather, a reviewing court must consider all the relevant facts and legal issues raised in the appeal before deciding whether the exception applies." *Id.* (citing *Alfred H.H.*, 233 Ill. 2d at 364).

¶ 49 With reliance on *In re Deborah S.*, 2015 IL App (1st) 123596, ¶ 25, respondent maintains that the collateral consequences exception applies to the instant appeal because the orders at issue could plague her in the future and adversely affect her efforts to obtain future employment as a CNA or in another medical-related role. In response, the State asserts that, although respondent testified that she held a CNA license, the record does not demonstrate respondent's intention to obtain work as a CNA. Rather, the State emphasizes that respondent did not plan to seek gainful employment but obtain social security disability benefits and secure subsided housing. As such, the State contends there are no collateral consequences that stem from the circuit court's orders. We agree with the State.

¶ 50 When the facts of this specific case are considered, there are no collateral consequences that warrant an exception to the mootness doctrine. We first note that respondent's reliance on *Deborah S.* is misplaced. In *Deborah S.*, the respondent was employed as a substitute mail carrier and a driver for Walmart prior to the hearing. 2015 IL App (1st) 123596, ¶ 25. At the time of the hearing, the respondent, who had a car at her disposal, sought similar, past employment. *Id.* The court was presented with a situation where, pursuant to the Illinois Vehicle Code (625 ILCS 5/6-103(5), (8) (West 2012) ("[A]lthough the [Illinois] Secretary of State would only be able to deny the renewal or retention of a person's driver's license if there is good cause to believe that person would not be able to operate a vehicle safely due to a mental disability, such renewal or retention would not be allowed at all in cases where a person had been adjudged to be afflicted with or suffering from a mental disability.")), the respondent's

ability to seek future employment similar to her past employment would have been negatively impacted by the entry of the involuntary admission order in a way that differed from the impact caused by a mental diagnosis alone. *Deborah S.*, 2015 IL App (1st) 123596, ¶¶ 24-25.

¶ 51 In contrast to *Deborah S.*, where the respondent provided clear, supported statements that collateral consequences would plague her in the future, here, respondent has not provided this court with any precise, supported statements to demonstrate how entry of these orders would plague her in the future and adversely affect her efforts to obtain future employment. Rather, a review of the record does not demonstrate that respondent was seeking or planned to seek gainful employment similar to her alleged past employment in a healthcare setting. Instead, according to respondent's own testimony, she was waiting on approval for social security disability benefits and subsidized housing for suitable accommodations. In conclusion, this court cannot identify any collateral consequences that " 'could stem solely from the present adjudication.' " *Rita P.*, 2014 IL 115798, ¶ 34 (quoting *Alfred H.H.*, 233 Ill. 2d at 364). Accordingly, the collateral consequences exception does not apply.

¶ 52 III. Conclusion

¶ 53 Respondent's appeal is moot, and she has failed to establish that any exception to the mootness doctrine applies. Accordingly, we dismiss respondent's appeal as moot.

¶ 54 Appeal dismissed.

¶ 55 JUSTICE CATES, specially concurring:

¶ 56 I agree that the appeal should be dismissed as moot and concur in the result only.