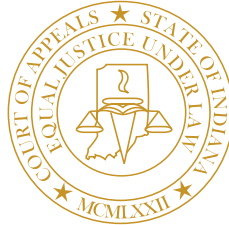


MEMORANDUM DECISION

Pursuant to Ind. Appellate Rule 65(D), this Memorandum Decision is not binding precedent for any court and may be cited only for persuasive value or to establish res judicata, collateral estoppel, or law of the case.



IN THE
Court of Appeals of Indiana

In re the Civil Commitment of G.S.

G.S.,

Appellant-Respondent

v.

Richmond State Hospital,

Appellee-Petitioner

February 27, 2026

Court of Appeals Case No.

25A-MH-2033

Appeal from the Marion Superior Court

The Honorable Sarah Glasser, Magistrate

Trial Court Cause No.

49D08-2507-MH-31788

Memorandum Decision by Judge Vaidik
Judges Bailey and Scheele concur.

Vaidik, Judge.

Case Summary

- [1] G.S. appeals his involuntary regular commitment, arguing that the evidence is insufficient to prove that he is “dangerous” or “gravely disabled.” We affirm.

Facts and Procedural History

- [2] G.S. was diagnosed with schizophrenia in childhood and has a history of psychiatric hospitalizations as both a juvenile and an adult, including a four-year stay at Logansport State Hospital. G.S. has also had extensive involvement with the juvenile-delinquency and criminal-justice systems.
- [3] In February 2020, G.S. was admitted to Richmond State Hospital for competency-restoration services and was restored to competency three months later after taking the antipsychotic medication Risperdal.
- [4] In 2024, G.S. had 13 felony and misdemeanor charges pending against him in 6 different cases in Marion County. That December, G.S. was evaluated for competency to stand trial, and a psychologist and a psychiatrist determined that he was not competent and again needed competency-restoration services. G.S. was sent to Richmond State Hospital in January 2025. He refused to take medication and competency tests, so competency was not restored.

Accordingly, in July, Richmond State Hospital sought an involuntary regular commitment for G.S. *See* Ind. Code § 35-36-3-3(c) (providing that if a person's competency is not restored within six months, the institution must initiate regular commitment proceedings).

[5] A hearing was held later that month. Dr. Nicholas Nosbisch, G.S.'s attending psychiatrist at the hospital, testified that despite G.S.'s long-standing diagnosis of schizophrenia, he refused to take medication because he believed his schizophrenia was a "gift" or "power" and he didn't "want to be like the other patients." Tr. pp. 18, 30. Dr. Nosbisch noted that Risperdal had worked for G.S. in 2020 and that he wanted him to take it again. G.S. had also refused to take a competency test on three occasions. Dr. Nosbisch explained that G.S. exhibited the following symptoms: hallucinations, delusions, disorganized thinking and writing, and paranoia. Dr. Nosbisch gave as examples that G.S. didn't believe the criminal charges against him were "real" and accused the judge of trying to "take his powers away" by placing him at the hospital. *Id.* at 18. In addition, G.S.'s speech was "broken up" and not "flowing," and he often gave Dr. Nosbisch writings that were difficult to understand. *Id.* at 21.

[6] Dr. Nosbisch also testified about an incident that had occurred over the weekend. During the incident, a peer threw a shoe at G.S. and missed, and G.S. ran into the peer's room. Staff members had to restrain G.S., and during the restraining process, G.S. injured a staff member's eye. Finally, Dr. Nosbisch believed that G.S. would have difficulty functioning independently. G.S.'s most recent housing had been in someone's pool house, in which he did not have

permission to live, and the police had to remove him at gunpoint. Based on this, Dr. Nosbisch didn't think that G.S. could find safe housing. Dr. Nosbisch acknowledged that G.S. might be able to perform other daily activities, like grocery shopping, but said he wouldn't be able to do so "without a significant disruption." *Id.* at 14.

[7] G.S. testified on his own behalf, claiming that he had in fact taken competency-related tests at the hospital and "passed with flying colors." *Id.* at 39. He said he wanted to be deemed competent to stand trial so he could return to Marion County and face all the charges. But he refused to take any medication because it "hinder[ed]" him, and he refused to take any more tests because he was "a hundred percent competent." *Id.* at 47, 53. He also testified that he could take care of his own hygiene, shop for groceries, pay bills, use the bus system, represent himself in his criminal cases, and file lawsuits.¹

[8] At the conclusion of the hearing, the trial court found, by clear and convincing evidence, that (1) G.S. suffers from schizophrenia, a mental illness; (2) he is dangerous to others and gravely disabled; and (3) he is in need of care, custody, and treatment at Richmond State Hospital for a period exceeding 90 days. The court highlighted that G.S. had hallucinations and disorganized thinking and speech and had held "up typed signs during the hearing that [were] irrelevant to this matter." *Id.* at 61. The court also highlighted that G.S. refused to take

¹ At the time of the hearing, G.S. had a federal filing ban. *See* Tr. p. 55.

medication and competency tests, recently had to be restrained, and had chosen to live without permission in someone’s pool house and had to be removed by police at gunpoint. The court committed G.S. to Richmond State Hospital and ordered the hospital to file a periodic report no later than July 20, 2026.

[9] G.S. now appeals.

Discussion and Decision

[10] G.S. contends that the evidence is insufficient to support his involuntary regular commitment. “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).

[11] To obtain an involuntary regular commitment, Richmond State Hospital was “required to prove by clear and convincing evidence that: (1) [G.S.] is mentally ill and either dangerous or gravely disabled; and (2) detention or commitment of [G.S.] is appropriate.” I.C. § 12-26-2-5(e). G.S. concedes that he is mentally ill based on his schizophrenia diagnosis. He argues that the evidence is insufficient to prove that he is “dangerous” or “gravely disabled.”²

² Because Section 12-26-2-5(e)(1) is written in the disjunctive, Richmond State Hospital only had to prove one of these things. See *A.P. v. Cmty. Health Network, Inc.*, 238 N.E.3d 704, 709 (Ind. Ct. App. 2024). Because

[12] Richmond State Hospital responds that it presented clear and convincing evidence that G.S. is “gravely disabled.” “Gravely disabled” means

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. The hospital asserts that the evidence satisfies the second prong. We agree.

[13] The record shows that G.S. has a long-standing history of schizophrenia with hospitalizations. He has had periods of competency while taking medication. But in 2024, when he was not taking medication, he amassed 13 felony and misdemeanor charges in 6 different cases. During this time, he was living without authorization in someone’s pool house and had to be removed by police at gunpoint. While in the hospital, G.S. exhibited hallucinations, delusions, disorganized thinking and writing, and paranoia. Yet he refused to

we find that the evidence is sufficient to prove that G.S. is “gravely disabled,” we need not address whether the evidence is also sufficient to prove that he is “dangerous.”

take medication because he thought his schizophrenia was a “gift,” claimed he passed a competency test “with flying colors,” and asserted he didn’t need to take any more tests because he was “a hundred percent competent.” Right before the hearing, G.S. was involved in an incident that required him to be restrained. And during the hearing, as the trial court highlighted, G.S. held up signs that were irrelevant to the proceedings. Based on these things, Dr. Nosbisch believed that G.S. wouldn’t be able to function independently, especially regarding housing. G.S., however, points to his own testimony that he could perform daily activities. But as Dr. Nosbisch explained, while G.S. might be able to perform some daily activities, he couldn’t do so “without a significant disruption.” The evidence is sufficient to prove that G.S. has a substantial impairment in his judgment, reasoning, or behavior that results in his inability to function independently and is therefore “gravely disabled.”

[14] Affirmed.

Bailey, J., and Scheele, J. concur.

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