Circuit Court for Carroll County
Case No. 06-C-16-072378

UNREPORTED

IN THE COURT OF SPECIAL APPEALS

OF MARYLAND

No. 1680

September Term, 2017

IN RE: A.B.

Reed,
Friedman,
Alpert, Paul S.,
(Senior Judge, Specially Assigned),

JJ.

Opinion by Reed, J.

Filed: January 10, 2019

After an administrative law judge ("ALJ") ordered the involuntary admission of A.B. ("Appellant") to a mental health hospital, Appellant petitioned for judicial review of that decision. *See* Md. Code, § 10-632(e), § 10-633 of the Health-General Article ("HG"); COMAR 10.21.01.09(F)(5)(c). Because Appellant was discharged from the hospital, the Circuit Court for Carroll County dismissed her petition on the ground that it was moot. Appellant filed a timely appeal seeking reversal of the circuit court's decision to dismiss her petition for mootness.

For the foregoing reasons, we reverse the decision of the Circuit Court for Carroll County and remand for further proceedings consistent with this opinion.

FACTUAL AND PROCEDURAL BACKGROUND

On September 15, 2016, following a physical altercation with the father of her son, Appellant was admitted to Springfield Hospital Center ("the Hospital") to determine her competency to stand trial on criminal charges. At a hearing on October 20, 2016, Appellant was given probation before judgment, conditioned on taking prescribed medications.

The previous day, in anticipation of that disposition of Appellant's criminal charges, the Maryland Department of Health ("the Department"), Appellee, asked the circuit court to extend Appellant's mental health hospitalization by issuing an order for involuntary admission, pursuant to Md. Code § 10-614 *et seq*. of the Health-General Article ("HG"). (E.923) At an October 27, 2016 hearing, Appellant's counsel asked for a postponement "because [Appellant] doesn't want a commitment on her record." Counsel proposed that Appellant continue her hospitalization without any commitment order, arguing that being hospitalized "as a non-committed patient for a week is certainly a less restrictive setting. It

means that the stigma of insanity [or] of being a danger is not being attached." The court declined to postpone the hearing.

Dr. Katherine Cinnamon, Appellant's treating psychiatrist during her hospitalization, testified that Appellant had been diagnosed with an unspecified psychotic disorder, characterized by paranoia, guardedness, hallucinations, and impaired insight and judgment. She also testified that Appellant refused medications and denied her need for them. On October 12, 2016, Appellant was physically restrained when she became aggressive. As Appellant began taking medications more consistently in October, however, she improved and became compliant with staff.

Dr. Cinnamon testified that unless Appellant remained in the supervised mental health setting where she was making progress, she would likely "decompensate" by failing to take her medications. According to Dr. Cinnamon, Appellant was a danger to herself because if she were to be released, she would stop taking the antipsychotic and other medications treating her condition. When asked whether a one-week postponement might provide enough time to resolve her concerns, Dr. Cinnamon answered that she did not think Appellant's condition would improve significantly enough to be considered for release.

Appellant testified that she did not want to be "committed" because she had certifications to work as a nursing assistant and a pharmacy tech, she sought to volunteer at area churches, and she wanted joint custody of her son.

The ALJ found that Appellant was "in need of inpatient care treatment" because "[h]er comprehension, compliance, and cooperate with treatment at this point remains

poor." The ALJ also stated that "[Appellant] needs constant supervision at this point to assure her compliance with medications and treatment[,]" without which she "is a danger to herself based on her aggressive behavior just two weeks ago." **[Id].** As such, the ALJ granted the Department's request for an involuntary admission. **[Id].**

On November 3, 2016, Appellant petitioned for judicial review of that commitment order in the Circuit Court for Carroll County. On January 4, 2017, she was released from the Hospital.

In a memorandum of law filed on June 8, 2017, Appellant challenged the ALJ's denial of her requests to postpone, arguing that postponement was a viable and less restrictive alternative to involuntary admission because it would have avoided the collateral consequences of the commitment. In addition, Appellant challenged the ALJ's findings that Appellant was a danger to herself and others.

The Department moved to dismiss Appellant's petition on the ground that her challenge was moot following her release from the Hospital. In opposition, Appellant argued that her petition for judicial review was not moot because she "has been stigmatized by the stigma of mental illness and dangerousness" and "there would be no meaningful Judicial Review of commitment hearings" given that "it is often the case that Patients are discharged prior to Judicial Review of the commitment hearing."

At a motion hearing on August 25, 2017, the parties argued both mootness and the merits of the ALJ's decision. The Department maintained that Appellant's discharge mooted her petition for judicial review because there was no longer any existing

controversy nor could the court grant an effective remedy. The Department contended that the case did not fall within any of the recognized exceptions to the mootness doctrine and that Appellant was not stigmatized by her involuntary commitment because she already had a previous criminal commitment as well as an involuntary commitment in Virginia.

The circuit court granted the Department's motion to dismiss on mootness grounds without reaching the merits of Appellant's petition. In its Memorandum Opinion and Order, the court concluded that Appellant's petition for judicial review was mooted by her prior discharge, reasoning:

> Petitioner contends this matter satisfies the "recur frequently" exception positing that to declare this matter moot would man that all post-discharge commitments would be denied any meaningful remedy to address the "stigma" associated with their commitment. This Court disagrees. First, the record of the patient's inpatient commitment is, of course, subject to stringent confidentiality requirements safeguarded through HIPPAA. Second, to the extent HIPPAA's protections are wanting based upon, inter alia, the existence of a record in the Maryland Judiciary Casesearch, they may seek an Order shielding access to such file. Therefore, the Court concludes that no applicable exception to the general mootness doctrine is applicable to the facts of this case**.**

The circuit court relied on two unreported cases that involved "similar facts" and reached "[a] similar conclusion" regarding mootness. Quoting from an unreported decision of this Court, *In re J.C.N.*, No. 1021, Sept. Term 2016 (filed Aug. 24, 2017), and citing "a similar" dismissal on mootness grounds by the Circuit Court for Howard County, *In re [A.O.]*, No. 13-C-16-107773, the court concluded that there was no "effective remedy" following Appellant's discharge. The court acknowledged that this Court's decision in *J.C.N.* was not reported and that the decision in Howard County was "a nisi prius," but

found "the facts of those cases to be analogous to those in the present matter" and that, "while not binding precedent," those decisions were "highly persuasive."

Ultimately, the court found that Appellant failed to establish that she was actually harmed by the commitment:

> Finally, this Court concludes that Petitioner has not demonstrated that she "actually suffered" from any stigmatization associated with the ALJ's finding of mental illness and dangerousness. Rather, Petitioner has pointed to theoretical harms such as potential loss of jobs, homes or interrupted familial relationships. No proof has been presented, however, that any of these perceived harms have actually occurred.

This timely appeal followed.

STANDARD OF REVIEW

We review *de novo* the grant of a motion to dismiss for mootness. *See Powell v. Md. Dep't of Health*, 455 Md. 520, 539-40 (2017). Under the mootness doctrine,

> [a] case is moot if "there is no longer an existing controversy between the parties, so that there is no longer any effective remedy which the court can provide." Although there is no constitutional bar to this Court expressing its views on a moot issue, we rarely do so and usually dismiss the appeal without addressing the merits of the issue.

Id. (citations omitted).

DISCUSSION

A. Parties' Contentions

Appellant contends that the circuit court erred in dismissing her petition for judicial review because

> the substantial negative collateral consequences stemming from an involuntary admission and the ability of the circuit court to provide an effective remedy negate the lower court's finding of mootness.

> Alternatively, even if [Appellant]'s discharge from the Hospital rendered moot her petition for judicial review, the case presented an issue of great public importance that was capable of repetition yet evading review. Finally, the limited duration of involuntary admissions, and the express statutory provisions allowing for judicial review of those admissions, make plain the Legislature's intent for such decisions to be subject to judicial scrutiny, even after a petitioner had been discharged.

The Department counters that the dismissal was correct because there was no longer an existing controversy at the time the court held the hearing on her petition for judicial review of her involuntary admission. The Department notes that Appellant was released from the Hospital on January 4, 2017, several months prior to the appeal hearing before the circuit court in August. The Department asserts that once Appellant's involuntary admission had ended, there was no effective remedy that the court could grant, and thus her claim is moot. The Department contends that no exception to the mootness doctrine applies, and places emphasis on her prior psychiatric hospitalization in Virginia. Furthermore, the Department argues that Appellant has failed to show she will suffer any collateral consequences because of her involuntary admission and that Appellant has failed to establish that her case presents an issue of great public importance.

In reply, Appellant maintains that the testimony cited by the Department as grounds for its assertion that Appellant was involuntarily committed in Virginia "easily reads as if [Appellant] voluntarily committed herself" in that instance. Likewise, the Department's reliance on Appellant's criminal commitment for purposes of determining competency to stand trial is misplaced because "[t]hese are not separate events in any meaningful sense for collateral consequences purposes." **[Id].**

In any event, Appellant continues, the Department mistakenly assumes that there is "a kind of 'one and done' dimension to the issue of collateral consequences[,]" even though "[t]he social stigma that attends an involuntary confinement . . . is compounded and made worse as the involuntary confinements add up." In particular, Appellant argues that "[i]t strains credulity to think that an additional involuntary confinement would have no negative impact on [Appellant]'s claims in any future [child] custody battle." In her view, "the stakes really could not be any higher: [Appellant]'s custody right might some day [sic] come down to this involuntary confinement." **[Id].**

Appellant further contends that the court applied an incorrect legal standard when it concluded that her case was "moot because she did not offer 'proof . . . that any of these perceived harms have actually occurred.'" Imposing this "actual harm" standard was legal error, she asserts, because the Court of Appeals has held that "only the possibility of collateral consequences is required."

Finally, Appellant argues that the circuit court erred in failing to recognize that "exceptions to the mootness doctrine apply in [her] case." Specifically, she maintains that this scenario raises issues that are "capable of repetition, yet evading review" and in the public interest to resolve because her petition "presents an important question involving the interplay between procedural and substantive components of involuntary confinement cases, namely under what circumstances a postponement pursuant to HG § 10-632(c) constitutes a less restrictive alternative pursuant to HG § 10-632(d)(2)(v)."

B. Analysis

In this case, the circuit court did not decide whether the administrative record supports the ALJ's order for Appellant's involuntary admission, and the parties do not present that issue in their briefs to this Court.[1] Consequently, our sole task is to determine whether the circuit court erred in dismissing appellant's petition for judicial review on the ground that it was mooted by her discharge from the hospital. We hold that A.B.'s petition was not moot, because her involuntary commitment had collateral consequences that survived her discharge.

As we have previously stated, a case is moot if "there is no longer an existing controversy between the parties, so that there is no longer any effective remedy which the court can provide." *Powell v. Md. Dep't of Health*, 455 Md. 520, 539-40 (2017) (citations omitted). Although there is no constitutional bar to this Court expressing its views on a moot issue, we rarely do so and usually dismiss the appeal without addressing the merits of the issue.

"Where, however, it seems apparent that a party may suffer collateral consequences from a trial court's judgment, the case is not moot." *In re Kaela C.*, 349 Md. 432, 453 (2006). The Court of Appeals has made "clear that not all collateral legal consequences need be concrete, non-speculative, or statutory to have a preclusive effect on mootness.

[1] For a thorough review of principles and procedures governing involuntary admissions, see *Bell v. Chance*, 460 Md. 28 (2018).

Indeed, only the *possibility* of collateral legal consequences is required." *Adkins v. State*, 324 Md. 641, 654 (1991) (emphasis supplied) (citations omitted).

In *Toler v. Motor Vehicle Admin.*, 373 Md. 214, 219 (2003), for example, the Court held that the issue of whether a driver's license was wrongly suspended was not moot, even though the suspension period had concluded and full driving privileges had been restored, because of the potential collateral circumstances the suspension could have caused, including the possibility that the unreviewed suspension would result in an increased period of suspension for any suspensions the driver faced in the future. Similarly, in *Cane v. EZ Rentals*, 450 Md. 597, 612 (2016), the Court held that a tenant's departure from leased property did not moot an adverse judgment in a summary ejectment case, because such decisions "may affect an individual's ability to rent a residence in the future" and "a tenant's right to redeem a rental unit in a future dispute with a landlord."

In *Kaela C.*, the Court of Appeals pointed to other examples of collateral consequences. *See Kaela C.*, 349 Md. at 453. Among these, the Court cited *In re Hatley*, 231 S.E.2d 633, 634-35 (N.C. 1977), for the proposition that the "issue of whether petitioner was wrongly involuntarily committed to a mental institution was not moot even though the court order had since expired because of the commitment's potential adverse collateral legal circumstances[.]" *Kaela C.*, 349 Md. at 453.

Hatley, in turn, relied on the following discussion in *In re Ballay*, 482 F.2d 648, 651–52 (D.C. Cir. 1973), explaining why the legal, economic, and social effects of an involuntary mental health commitment may preclude application of the mootness doctrine:

> There is yet another independent reason why the present appeal is not moot—the collateral consequences of being adjudged mentally ill remain to plague appellant. We recently had occasion to consider whether the standard applied in criminal cases, that a "case is moot only if it is shown that there is no possibility that any collateral legal consequence will be imposed on the basis of the challenged conviction," is applicable to contested civil commitment adjudications. We answered in the affirmative relying upon the multitude of legal disabilities radiating from the label "mentally incompetent." For example, while the commitment stands on the record, the party may face state constitutional and statutory restrictions on his voting rights; restrictions on his right to serve on a federal jury; restrictions on his ability to obtain a driver's license; and limitations on his access to a gun license. Moreover, it is still commonly held that an adjudication of mental incompetency gives rise to a rebuttable presumption of continued incompetency. In many jurisdictions such a presumption may, in turn, affect the right to dispose of property, to execute contracts and to perform many similar and commonplace functions. Indeed, such an adjudication, while not always crippling, is certainly always an ominous presence in any interaction between the individual and the legal system. Such evidence will frequently be revived to attack the capacity of a trial witness. Depending upon the diagnosis, it may be admissible for impeachment purposes. Indeed, even in a criminal trial it may be available to attack the character of a defendant if he has put character in issue. *Most significantly, records of commitments to a mental institution will certainly be used in any subsequent proceedings for civil commitment[.]*

Id. at 651-52 (emphasis added; citations omitted).

Courts in other jurisdictions have adopted similar rulings and rationales. *See generally* 53 Am. Jur. 2d Mentally Impaired Persons § 71 ("The collateral consequences of being found mentally ill may continue even though an individual is discharged from involuntary commitment, and this fact has led various courts to hold that issues such as whether an individual has met commitment criteria, or whether a procedural error in the proceedings has occurred, are not moot."). *See, e.g., Vermont v. J.S.*, 817 A.2d 53, 55-56 (Vt. 2002) ("In mental health commitment cases, negative collateral consequences can apply because the legal disabilities radiating from the label of mentally incompetent are

myriad.") (internal quotation marks and citation omitted); *Proctor v. Butler*, 380 A.2d 673, 675 (N.H. 1977) ("Although discharge remedies the immediate deprivation of liberty, it cannot free one from the less direct consequences of an adjudication that he is in such mental condition as to create a likelihood of danger to himself or to others.") (ellipsis and quotation marks omitted), *overruled on other grounds by In re Sanborn*, 545 A.2d 726 (N.H. 1988); *In re Detention of M.K.*, 279 P.3d 897, 900 (Wash. Ct. App. 2012) ("An individual's release from detention does not render an appeal moot where collateral consequences flow from the determination authorizing such detention. . . . [E]ach commitment order has a collateral consequence in subsequent petitions and hearings."); *In re Blume*, 554 N.E.2d 1100, 1104 (Ill. Ct. App. 1990) ("the mootness doctrine does not generally apply to involuntary commitment cases"), *overruled on other grounds by In re Robinson*, 601 N.E.2d 712 (Ill. 1992)

Even if a case is moot under these standards, it may be reviewable under an exception to the mootness doctrine. *See State v. Dixon*, 230 Md. App. 273, 277 (2016). "In rare instances, . . . we address a moot case if it 'presents unresolved issues in matters of important public concern that, if decided, will establish a rule for future conduct,' or the issue presented is 'capable of repetition, yet evading review.'" *G.E. Capital Mortg. Svcs., Inc. v. Edwards*, 144 Md. App. 449, 453-54 (2002) (quoting *Stevenson v. Lanham*, 127 Md. App. 597, 612 (1999)). *See Dixon*, 230 Md. App. at 277.

In this case, Appellant testified that she did not want to be committed involuntarily because she had certifications to work as a CNA and a pharmacy tech, she performed

volunteer work at churches, and she sought to regain joint custody of her five-year-old son. Appellant points to other automatic and potential consequences stemming from her involuntary admission, identifying a broad range of legal, economic, and social impacts caused by an involuntary commitment. These include required registration with the Department and the FBI,[2] restrictions against owning and purchasing a firearm under Maryland and federal law,[3] disqualification from certain employment,[4] and from serving

[2] Under the Public Safety Article, mental health facilities are required to report to the Department of Public Safety and Correctional Services and the Federal Bureau of Investigation's National Instant Criminal Background Check System ("NICS Index") the names and identifying information of individuals who have been involuntarily committed. *See* Md. Code, § 5-133.2(a), § 5-133.2(c) of the Public Safety Article.

[3] Pub. Safety § 5-118(b)(3)(xi), governing applications for firearms, requires that the applicant "has never been involuntarily committed to a facility as defined in § 10-101 of the Health-General Article[.]" Pub. Safety § 5-205(b)(10), which governs the possession of a rifle or shotgun by persons with mental disorders, prohibits such possession if the individual "has been involuntarily committed to a facility as defined in § 10-101 of the Health-General Article[.]" Pub. Safety § 5-133(b)(10) prohibits the possession of regulated firearms by an individual who "has been involuntarily committed to a facility as defined in § 10-101 of the Health-General Article[.]"

Similarly, under 18 U.S.C. § 922(d)(4), it is "unlawful for any person to sell or otherwise dispose of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person" "has been adjudicated as a mental defective or has been committed to any mental institution[.]"

[4] In addition to creating an obstacle to a law enforcement career, the inability to possess a gun may preclude work as a private detective or a security guard. Moreover, a person may be denied a private detective identification card if the applicant "[h]as been confined to a mental institution for treatment of a mental disorder[.]" *See* COMAR 29.04.08.03. Similarly, an applicant to be a security guard may be denied the required certification card issued by the State Police if the applicant "[h]as been confined to a mental institution for treatment of a mental disorder[.]" *See* COMAR 29.04.01.02.

(continued)

as a guardian or custodian of a child in need of assistance.[5] In Appellant's view, moreover, "the most pernicious" of all collateral consequences is "social stigmatization as the result of having been declared in need of mental treatment[] and committed to a mental institution[.]" *See In re D.W.W.*, 616 P.2d 1149, 1151 (Okla. 1980). *Cf. State v. Marsh*, 337 Md. 528, 536 (1995) ("stigma . . . often attaches, however unreasonably, to a person with a mental disease"); *Dr. K. v. State Bd. of Physician Quality Assur.*, 98 Md. App. 103, 116 (1993) ("Despite great advances in public consciousness, psychiatric treatment can still carry a stigma in our society."); *Vermont v. Condrick*, 477 A.2d 632, 633 (Vt. 1984) ("even after discharge, the collateral consequences of being found mentally ill may continue to plague a defendant. Legal disabilities as well as social stigma remain").

Neither the Department nor the circuit court acknowledged that the commitment order has such actual and potential collateral consequences for Appellant. Instead, the Department, citing *Arrington v. Dep't of Human Res.*, 402 Md. 79 (2007), argues that "[i]ncarceration for contempt, like involuntary civil commitment, is a deprivation of

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Federal law may preclude work in certain scientific jobs that require the ability to work with biological agents. *See* 18 U.S.C. § 175b (prohibiting a person who "has been committed to a mental institution" from possessing a biological agent). An involuntary admission also may disqualify an individual from federal jobs that require a security clearance. *See* U.S. Office of Pers. Mgmt., "Questionnaire for National Security Positions," at 89, available at https://www.opm.gov/Forms/pdf_fill/SF86.pdf (last visited Dec. 22, 2018) (requiring an applicant to disclose details of any hospitalization for a mental health condition, including whether the admission was involuntary).

[5] Courts are statutorily required to consider "mental health history" when determining a person's fitness for custody or guardianship of a child in need of assistance. Md. Code, § 3-819.2(f)(2)(iv) of the Courts & Judicial Proceedings Article.

liberty, but once that deprivation of liberty has concluded and the person is released, there is no longer an existing controversy." We disagree. Appellant's involuntary commitment materially differs from that incarceration for failure to pay child support. Whereas that father did not challenge the finding of contempt, and in any event the contempt order was vacated, Appellant vigorously challenges the finding that she was a danger to herself, and the commitment order remains a matter of public record.

We are not persuaded by the Department's claim that Appellant's prior commitments prevented her from suffering "collateral consequences" from this commitment. The sparse record is ambiguous as to whether the Virginia hospitalization was an involuntary commitment. Appellant testified that although she was hospitalized in Virginia, she was not forced to take the prescribed medications and was told that, "you take it or you don't" and "it's on you. The time you serve here, it's on you." The Department does not direct us to any other evidence that Appellant's hospitalization in Virginia was an involuntary commitment.

In any event, the existence of a prior mental health commitment does not rule out the possibility of collateral consequences stemming from a subsequent commitment. To the contrary, if this was Appellant's second involuntary civil commitment, the consequences may be greater in certain contexts, including future commitment proceedings. *Cf. Ballay*, 482 F.2d at 652 ("records of commitments to a mental institution will certainly be used in any subsequent proceedings for civil commitment"). Moreover,

the occurrence of successive commitments could have significant collateral consequences for her parental rights, by factoring into future custody and visitation decisions.

Turning to the circuit court's reasons for dismissing Appellant' petition, we conclude that the court's reliance on HIPPAA and the confidentiality afforded by the legal system is misplaced because those protections do not negate the need for judicial review and relief. To be sure, confidential information concerning petitioners like Appellant may be shielded from public access, through the use of initials in lieu of the petitioner's full name and appropriate court orders maintaining records under seal. Although such confidentiality measures may help to mitigate the stigma arising from an involuntary mental health hospitalization, they do nothing to expunge the order itself. As the Department's failure to defend this portion of the circuit court's rationale indicates, there is no dispute that the order for involuntary commitment remains both viable and consequential.

The circuit court also erred in relying on two unpublished judicial decisions as persuasive authority. Under Md. Rule 1-104, an unreported judicial opinion may not be cited as precedent or persuasive authority. *See Smith v. Warbasse*, 71 Md. App. 625, 634-35 (1987). What happened in this instance illustrates why.

While Appellant's appeal was pending in this Court, the Court of Appeals granted *certiorari* in *J.C.N.*, on multiple issues, including whether "an individual [may] challenge an involuntary admission after the individual has been discharged from the hospital, or does mere discharge render the appeal moot?" *See In re J.C.N.*, 460 Md. 371, 386 n.8

(2018). In that case, the Department and the hospital successfully argued, both in the circuit court and this Court, that the patient's discharge mooted her petition for judicial review. But by the time the parties argued to the Court of Appeals, neither the hospital nor the Department was still "claim[ing] that the case [was] moot." *Id*. at 386 n.8. The Court explained that "[t]he Hospital conceded at oral argument that the case is not moot because J.C.N. faces collateral consequences attendant to her involuntary admission, and the Department did not argue mootness in its brief before this Court." *Id.*

Consequently, the only Maryland precedent on this mootness question points the other way from the unpublished decisions relied on by the circuit court. Although the *J.C.N.* Court was not called upon to decide the issue, it accepted the Department's concession that the patient's discharge did not moot her petition for judicial review of her involuntary admission because the patient still faced collateral consequences from that commitment. We note that the Court has since granted *certiorari* in another case in which this Court affirmed the dismissal of a petition for judicial review of an involuntary commitment on mootness grounds. *See D.L. v. Sheppard Pratt Health Sys*., 461 Md. 480 (Oct. 2, 2018) (No. 38, Sept Term 2016).

The circuit court also erred when it "conclude[d] that [Appellant] has not demonstrated that she 'actually suffered' from any stigmatization associated with the ALJ's finding of mental illness and dangerousness." As a result of the involuntary commitment, Appellant's mental health status presumably has been reported to law enforcement, she is now prohibited from acquiring firearms, and she must comply with the other disclosure

requirements in seeking employment. That is collateral damage from her involuntary commitment.

Moreover, the circuit court applied the wrong legal standard when it required Appellant to prove that she has already suffered actual rather than potential harm. As the Court of Appeals has instructed, it is enough that Appellant could expect to face negative consequences such as those she has anticipated in child custody and employment matters. *See generally Cane v. EZ Rentals*, 450 Md. 597, 611 (2016) ("A case is not moot where it is 'apparent that a party may suffer collateral consequences" from the challenged ruling); *Adkins v. State*, 324 Md. 641, 654 (1991) ("not all collateral legal consequences need be concrete, non-speculative, or statutory to have preclusive effect on mootness[,]" so that "only the possibility" of collateral consequences will defeat a mootness challenge).

In these circumstances, Appellant's petition for judicial review of her involuntary commitment was not moot because the order had collateral consequences that were not negated by either her discharge or any prior commitment she may have had, given the potential impact of either a first or second involuntary commitment on her employment, parental rights, and vulnerability in future commitment proceedings. Moreover, Appellant's petition falls within an exception to the mootness doctrine, because "[t]his is a situation in which a person could be subjected repeatedly to brief periods of involuntary commitment with each instance evading judicial review because of an early discharge." *See D.B.W.*, 616 P.2d at 1151.

Accordingly, the judgment of the Circuit Court for Carroll County is hereby reversed and this case is remanded for further proceedings consistent with this opinion.

JUDGMENT OF THE CIRCUIT COURT FOR CARROLL COUNTY REVERSED, AND CASE REMANDED TO THAT COURT FOR FURTHER PROCEEDINGS CONSISTENT WITH THIS OPINION. COSTS TO BE PAID BY CARROLL COUNTY.