

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO Court Address: 7325 S POTOMAC ST, CENTENNIAL, CO, 80112	<div data-bbox="1089 302 1382 363" data-label="Text"> <p>DATE FILED July 21, 2025 12:23 PM</p> </div> <div data-bbox="1122 474 1461 512" data-label="Text"> <p>⚠ COURT USE ONLY ⚠</p> </div> <div data-bbox="1044 520 1408 583" data-label="Text"> <p>Case Number: 2024CR957 Division: 402 Courtroom:</p> </div>
THE PEOPLE OF THE STATE OF COLORADO v. Defendant(s) SOLOMON TYLER GALLIGAN	
<p>Order:[D-11] MOTION TO DISMISS MS. GALLIGANS PENDING CASE BECAUSE SHE IS INCOMPETENT TO PROCEED, NOT LIKELY TO BE RESTORED WITHIN THE REASONABLY FORSEEABLE FUTURE, AND IS NOW UNDER AN INVOLUNTARY SHORT-TERM CIVIL COMMITMENT PURSUANT TO TITLE 27 AT THE COLORADO MENTAL HEALTH HOSPITAL AT FORT LOGAN</p>	

The motion/proposed order attached hereto: REVIEWED.

The People to file a Response no later than July 28, 2025.

Issue Date: 7/21/2025



LAQUNYA LATRESE BAKER
 District Court Judge

District Court, Arapahoe County, Colorado Arapahoe County Courthouse 7325 S. Potomac St., Centennial, CO 80112	<div style="text-align: center;"> <p>σ COURT USE ONLY σ</p> <p>Case No. 24CR957</p> <p>Division: 402</p> </div>
THE PEOPLE OF THE STATE OF COLORADO, Plaintiff v. SOLOMON AKA CARMEN GALLIGAN, The Accused	
Megan A. Ring, Colorado State Public Defender Becca Butler-Dines #51150 Samantha Almon #57759 Deputy Public Defender Arapahoe County Public Defenders 13356 E. Briarwood Ave., Centennial, CO 80112 Phone (303) 799-9001 Fax (303) 792-0822 E-mail: becca.butler.dines@coloradodefenders.us	
<p>[D-11] MOTION TO DISMISS MS. GALLIGAN'S PENDING CASE BECAUSE SHE IS INCOMPETENT TO PROCEED, NOT LIKELY TO BE RESTORED WITHIN THE REASONABLY FORSEEABLE FUTURE, AND IS NOW UNDER AN INVOLUNTARY SHORT-TERM CIVIL COMMITMENT PURSUANT TO TITLE 27 AT THE COLORADO MENTAL HEALTH HOSPITAL AT FORT LOGAN</p>	

Ms. Galligan, through counsel, respectfully moves this Court to dismiss Ms. Galligan's case pursuant to C.R.S. 16-8.5-116.5 (1)(a) and her due process rights because she is not likely to be restored within the reasonably foreseeable future and is now under an involuntary short-term civil certification. In support of this motion the following is asserted:

MS. GALLIGAN'S PRIOR BACKGROUND

1. Ms. Galligan is a 34-year-old transgender Black woman, who has had Colorado Department of Human Services involvement from the day she was born. She was released from the hospital directly into the care of the Galligan family – a foster family with biological children as well as nine adopted children, one who included Ms. Galligan's older brother.
2. In 2005, there was a dependency and neglect case involving Ms. Galligan's adoptive foster family, which did not close until June of 2009. In 2007, she was arrested on her first juvenile adjudication, and concerns regarding her competency were first addressed. Since 2007, in every criminal case that Ms. Galligan has been charged with, her competency has been an issue.

3. As of today's filing, Ms. Galligan has undergone at least *twenty-three* competency evaluations over the past eighteen plus years.¹
4. Through these evaluations, Ms. Galligan has been diagnosed with complex psychiatric illnesses, significant substance use disorder(s), and many of the reports and her records have documented concerns with a possible intellectual disability and/or neurocognitive disorder. The concerns regarding her cognitive challenges have stemmed from the observations that even when Ms. Galligan is psychiatrically stabilized and medication compliant, she still presents with cognitive limitations, which have challenged her ability to assist in her own defense, but even more significantly, have challenged her ability to live a healthy, safe life, independently in the community. *See Defense Exhibit E-Dr. Singleton's 63-page Competency Evaluation dated June 2025 summarizing these reports.*
5. In May of 2015, in Denver District Court case 2013CR5651, the Denver District Court found that her mental health diagnoses, her inability to maintain stability psychiatrically, and her significant cognitive limitations were so significant that she was found "permanently incompetent to proceed."² *See Defense Exhibit D-transcripts from this case outlining the reasoning for dismissal.*
6. In October of 2023, after spending over 1300 days in custody on two pending Denver District Court cases, 2019CR9579 and 2021CR1748, a different Denver District Court judge found that Ms. Galligan was not restorable. *See Defense Exhibit C-written order dismissing Denver cases due to the Court finding that Ms. Galligan was not likely to be restored within the reasonably foreseeable future pursuant to C.R.S. 16-8.5-116 (4).*

PROCEDURAL BACKGROUND OF THIS CASE-24CR957

7. On April 19, 2024, Ms. Galligan was arrested by the Aurora Police Department for Attempt Kidnapping, a class five felony, and was booked into the Arapahoe County jail later that day.
8. Recognizing that Ms. Galligan was yet again unmedicated, actively psychotic, and had no ability to assist in her own defense, on May 1, 2024, defense raised the issue of Ms. Galligan's competency.
9. Because there had been two different court findings that Ms. Galligan was not likely to be restored, and defense believed nothing had changed for Ms. Galligan since October 2023 such that she was now somehow competent or restorable, defense requested the district

¹ Defense is aware that Ms. Galligan at one point spent time in California and believes that she may have been involved in the competency system there. The twenty-three competency reports solely refers to Ms. Galligan's involvement with the Office of Civil and Forensic Mental Health in Colorado. But it is very possible there are additional reports that exist that Defense is not aware of.

² "Permanently incompetent to proceed," is outdated language, which Courts previously used when they made a finding that an individual no longer could be prosecuted and their criminal cases had to be dismissed because their mental health challenges were so severe that continued restoration was not going to be effective. Today, the statutory language supporting the equivalent is that "there is not a substantial probability that an individual will be restored to competency within the reasonably foreseeable future." *See* C.R.S. 16-8.5-111 (4) and 16-8.5-116.5 (1).

court magistrate not order a new initial competency evaluation and start her down the path yet again of restoration. However, the district court magistrate declined to consider the filings provided by defense and ordered an initial competency evaluation of Ms. Galligan pursuant to C.R.S. 16-8.5-103(2).

10. Over two and a half months later, and sixty-two days past the statutory requirement to complete in-custody initial evaluations within 21 days, OCFMH finally filed an initial competency evaluation where Dr. Justin Wright, Psy.D, opined that Ms. Galligan was incompetent to proceed, tier 1, and “may be restorable.”
11. Defense disagreed with Dr. Wright’s opinion that Ms. Galligan may be restored. But defense did not request a restoration hearing right then because they had no belief that the district court magistrate or prosecution would grant that request. Plus, given how ill Ms. Galligan was and the allegations in the pending case, defense decided it was in Ms. Galligan’s and the community’s best interest to prioritize trying to get her to an inpatient hospital setting as soon as possible.³
12. So, defense attempted to see if the Arapahoe County Sheriff’s Department’s MH team would consider getting Ms. Galligan under an M1 to then be transported to a Title 27 facility to get under a short-term civil certification. Unfortunately, that was not an option, nor was the Behavioral Health Administration’s new pathway to certification under C.R.S. 27-65-108.5 available due to her type of charge and that no private hospital would accept her.⁴
13. So, the Court issued in-custody restoration orders. Defense immediately then began advocating on behalf of Ms. Galligan to the OCFMH Hospital Admissions Team and the Forensic Support Team that she needed to be prioritized for admission as soon as possible given how ill she had become—unable to leave her cell, was not showering, refusing all medications, and had become extremely disoriented and aggressive.
14. On Aug. 28, 2024, after spending 132 days in custody while floridly psychotic, in a restrictive housing unit, and not appropriately attending to her hygiene needs, Ms. Galligan was transferred to the Colorado Mental Health Hospital at Fort Logan (CMHH-FL).
15. Once Ms. Galligan arrived at CMHH-FL, as defense expected, an involuntary medication order pursuant to Title 16 was filed where she was originally prescribed three different anti-psychotic medications as well as a mood stabilizer. According to her treating psychiatrist, “she was still presenting with active and severe psychiatric symptoms.” Dr. Porter noted that

³ Recognizing that the most recent studies show that the longer an individual is actively psychotic or repeated episodes of psychosis can result in brain changes, even scarring brain tissue causing permanent, neurodegenerative consequences, defense attempted do everything they could to try and get Ms. Galligan into an environment as quick as possible to get the care she needed to try and stabilize. See <https://www.tac.org/wp-content/uploads/2023/12/DUP-Research-Summary.pdf>.

⁴ Even if this had been a possibility, defense was also very aware that there was no reason to believe that the district court magistrate or prosecutor would even agree to a personal recognizant bond to get her an emergency mental health hold—something required to effectuate the C.R.S. 27-65-108.5 process given the posture of her case at that time.

given this, he was concerned her mental illness may have further progressed since previous hospitalizations. *See Defense Ex. F-CMHH-FL Treatment Summary*-filed Oct. 1, 2024.

16. Immediately upon Ms. Galligan's admission at CMHH-FL defense began working with her assigned treatment team. Through defense's numerous conversations via email and in person with Ms. Galligan's treatment team and Ms. Galligan, defense tried to let the treatment team know that defense had no belief that Ms. Galligan was likely restored within the reasonably foreseeable future even though there was not that opinion yet in this specific case. But two previous courts had made this finding in the past, directly tied to her psychiatric and neurocognitive challenges. Because of these past findings, defense requested the treatment team if they found appropriate and if Ms. Galligan were to ever become psychiatrically stabilized, it would be defense's request to get the hospital to complete a full neuropsych evaluation with her.⁵
17. Further, defense reiterated numerous times that it was defense's belief that even when Ms. Galligan is psychiatrically stable and at her baseline, in order for her to attempt to be successful in the community she would need a guardian, a locked assisted living facility to help with her daily needs, and likely an outpatient certification and I-med order given her long history of challenges with medication compliance.
18. In October 2024 and December 2024, Dr. Wright completed additional competency evaluations.
19. In February 2025, Dr. Lindsey Bupp, clinical neuropsychologist, and her extern, completed a full neuropsychological report of Ms. Galligan. *See Defense Ex. G-Full Neuropsychological Evaluation* completed of Ms. Galligan while at Fort Logan-Feb. 2025.
20. From this report, Ms. Galligan was diagnosed with a major neurocognitive disorder. In the report the following is noted:
 - a. That "she did not appear to be responding to internal stimuli nor did she make any statements that appeared to be consistent with a delusional belief system." But that her "thought processes were simplistic and impoverished."⁶ "was documented that her "thought processes were simplistic and impoverished."
 - b. That testing occurred over multiple different days due to her "fatigue" and lose of focus. That "she became easily confused and requested elaboration and repetition of instructions."
 - c. That her Full Scale Intelligence Quotient (FSIQ), "a measure of a person's overall cognitive ability, fell in the exceptionally low range (<2%)."
 - d. In the summary, Dr. Bupp noted that the "testing was noteworthy for substantial declines in cognition from a prior level of functioning across most domains assessed including processing speed, language abilities, visual cognition, verbal and visual

⁵ This was advocated for because the last battery of neuropsych testing that had been completed with Ms. Galligan was multiple years ago when she had been at CMHHIP, so getting updated scores would best provide clarity regarding her processing, but also best determine if what defense assumed was true—that she needs a locked, assisted living facility, a guardian, and struggles to make appropriate decisions on her own behalf or care for herself.

⁶ *Id.* at pg. 9.

memory, and executive functioning.” That “these declines in cognitive functioning interfere with Ms. Galligan’s ability to independently complete functional tasks including her ability to handle money, fulfill contractual obligations, recall information pertaining to transactions, and engage in (simulated) medication management.”

21. On April 9, 2025, Dr. Wright submitted an additional competency evaluation of Ms. Galligan and opined that she had been restored to competency but was not likely to maintain competency throughout the current case as defined in C.R.S.A §16-8.5-105(5)(e)(I)(B).
22. Defense counsel immediately objected to this opinion, specifically to the piece that Ms. Galligan was competent to proceed and requested a second evaluation. *See Defense Motion 8 and 10.*
23. What defense was most concerned by was that even though Dr. Wright reviewed and “agree[d]” with Dr. Bupp’s diagnosis of a major neurocognitive, and even though he noted, “Galligan’s observed cognitive abilities are limited by deficits and are a barrier to their competency to proceed,” he opined that she was competent to proceed. Though Dr. Wright noted that “when [Ms. Galligan] communicated it was with minimally adequate details and purpose,” he still somehow was able to linear, thorough, and complete discussions with her about the application of legal principles and how she would apply them to her case. This was highly suspect to defense given their own consistent interactions with Ms. Galligan, but further, given all the information noted in the neuropsychological evaluation including the IQ testing finding her verbal comprehension index score below average, and her visual spatial index, fluid reasoning index, processing speed index, and full-scale IQ score to be “exceptionally low.” *See Defense Ex. G.*
24. On June 16, 2025, board certified forensic psychiatrist, Dr. Singleton, M.D., completed a second competency evaluation of Ms. Galligan. In his 63-page report, Dr. Singleton summarized all of her past competency evaluations, as well as provided further clarity regarding her presentation. He opined that Ms. Galligan **is not only incompetent to proceed, but that she is not likely to be restored within the reasonably foreseeable future**, just as two prior courts have found. *See Defense Ex. E.*
25. Most significant regarding Dr. Singleton’s opinion is that he notes that since the last time a Court found that she was not likely to be restored, **“Ms. Galligan’s condition has only further declined...”** and that now with the updated neuropsych testing, it is confirmed that “Ms. Galligan’s present cognitive abilities, including those related to her competency to proceed, **are not expected to improve.**” Dr. Singleton goes on to state that, since the last time a Court found Ms. Galligan not likely to be restored, her condition **“has worsened,”** with better diagnostic clarification than previously, resulting in an even **“poorer prognosis” than previously.** *Id.* at pg. 61-62.

CIVIL COMMITMENT OF MS. GALLIGAN

26. As defense has noted, since this case was filed, defense has wanted to attempt to get Ms. Galligan under an involuntary short-term civil commitment at an inpatient facility, as well as work to get her a guardian, and eventually into a locked assisted living facility.
27. Defense has had the privilege and honor of representing Ms. Galligan on and off since 2022, but through that representation we have witnessed firsthand the consequences of Ms. Galligan's severe mental health challenges and has never found it fair or appropriate that the only way Ms. Galligan receives the necessary mental health treatment is by coming into the criminal legal system.
28. So, when defense suspected that Dr. Singleton would opine that Ms. Galligan was not likely to be restorable, and since she luckily remained at Fort Logan a designated Title 27 facility that can initiate and hold certifications, defense requested that the Court order the hospital to screen her for short-term certification.
29. On July 9, 2025, through consent of Ms. Galligan, she was placed under a short-term civil certification based on a finding that due to her psychiatric and neurocognitive disorders she is gravely disabled. In addition, a petition for involuntary medication was requested and also granted by the Denver Probate Court. *See the petitions and orders already filed by defense counsel on July 9, 2025, in the Court record.*
30. What this certification does is if Ms. Galligan's pending case were to be dismissed based on a finding that she is not likely to be restored within the reasonably foreseeable future, instead of her being at risk for immediately discharging from the hospital, or worse, return to the jail to be processed out into the community with absolutely nothing, she will transfer from the forensic units at CMHH-FL to one of the civil units.
31. Though there is no ability to predict how long Ms. Galligan will remain civilly committed, defense does believe that given Ms. Galligan's significant deterioration from last time there was an effort to pursue civil commitment, which failed, and now the recognition that she is gravely disabled, if and when Ms. Galligan is ever considered appropriate for discharge through the highly skilled and compassionate CMHH-FL staff they will be able to work to set her up with a solid and secure discharge plan, one more robust and ideally more successful than in years past.

LAW

32. C.R.S. 16-8.5-116.5 (1)(a-d) reads:

“(1) To ensure compliance with relevant constitutional principles, for any offense for which the defendant is ordered to receive competency restoration services in an inpatient or outpatient setting, if the court determines, based on available evidence, that there is not a

substantial probability that the defendant, with restoration services, will be restored to competency within the reasonably foreseeable future, the court:

- (a) Shall dismiss the criminal proceedings, the commitment, or the restoration services order upon motion of the district attorney, the defendant, or on its own motion;
- (b) May order the district attorney, or upon request from the district attorney, a professional person, as defined in section 27-65-102; a representative of the behavioral health administration in the department; or a representative of the office of civil and forensic mental health to initiate, in a court with jurisdiction, a proceeding for a certification for short-term treatment of the defendant pursuant to section 27-65-108.5 or 27-65-109 if the court finds reasonable grounds to believe the defendant meets criteria for a certification for short-term treatment pursuant to section 27-65-108.5 or 27-65-109;
- (c) May, or a party may, initiate an action to restrict the rights of the defendant pursuant to article 10.5 of title 27 in the case of a defendant who has been found eligible for services pursuant to article 10.5 of title 27 due to an intellectual and developmental disability; or
- (d) Shall require the department to ensure that case management services and support are made available to any defendant released from commitment pursuant to this article 8.5 due to the substantial probability that the defendant will not be restored to competency in the reasonably foreseeable future.”

33. C.R.S. 16-8.5-111 (4)(c)(I) reads, that at any restoration hearing, if “An admitted report or testimony from a qualified expert opining that the defendant is incompetent to proceed and that there is not a substantial probability that the defendant, with restoration services, will attain competency within the reasonably foreseeable future is prima facie evidence that creates a presumption of fact. An admitted report or testimony from a qualified expert who opines that the defendant's diagnosis likely includes a neurocognitive or neurodevelopmental impairment that either alone or together with a co-occurring mental illness affects the defendant's ability to gain or maintain competency, is prima facie evidence of and creates a presumption that the defendant is incompetent to proceed and there is not a substantial probability that the defendant, with restoration services, will attain competency within the reasonably foreseeable future.”

34. C.R.S. 16-8.5-111 (4)(c)(III) and (IV) notes that “if the defendant's diagnosis includes a neurocognitive or neurodevelopmental impairment, whether or not co-occurring with a mental illness that substantially affects the defendant's ability to gain or maintain competency, the party attempting to overcome the presumption must show by clear and convincing evidence that there is a viable restoration treatment that is substantially likely to restore the defendant to competency in the reasonably foreseeable future; and...” that “If the court has ordered restoration services and the court finds recent restoration services

have been attempted and the defendant was not restored to competency, a party attempting to overcome the presumption must prove by clear and convincing evidence that the defendant, with continued restoration services, will attain competency in the reasonably foreseeable future and that the defendant can maintain competency through the adjudication of the case.”

35. If these burdens cannot be overcome, pursuant to C.R.S. 16-8.5-111(5), “the court at any point determines that there is not a substantial probability that the defendant will be restored to competency within the reasonably foreseeable future, the court shall, upon motion of the district attorney, the defendant, or on its own motion, dismiss the criminal proceedings pursuant to section 16-8.5-116.5(1)(a)…”

ARGUMENT

36. As defense has believed since the filing of this case, there is not a substantial probability that Ms. Galligan can be restored to competency within the reasonably foreseeable future pursuant to 16-8.5-111(4), and thus, this Court must dismiss the pending case under 16-8.5-111 (5) and 16-8.5-116.5 (1).
37. If the prosecution were to demand a hearing based on Dr. Wright’s and Dr. Singleton’s different opinions, which would be within their right, this will only be delaying the inevitable, that her case is going to be dismissed because defense has no reason to believe that the prosecution would be able to overcome the presumption that Ms. Galligan is not likely to be restored given the previous findings of such. *See* 16-8.5-111(4)(c)(I).
38. A hearing further would only delay Ms. Galligan moving from a forensic bed to a civil bed at the hospital—which as the Attorney Generals Office has already noted her taking up this bed is directly impacting their waitlist.
39. Further, even if Dr. Wright’s opinion that Ms. Galligan is competent, which defense strongly objects to, is believed to be accurate, he did not believe she could maintain competency. Thus, defense does not believe that the prosecution would be able to establish through clear and convincing evidence that Ms. Galligan, with continued restoration, will attain competency, let alone be able to maintain competency. *See* 16-8.5-116(4)(c)(III) and (IV).
40. So, given Ms. Galligan’s mental health diagnoses, long competency history, and extended documentation of attempts at restoration, defense is requesting that this Court reject Dr. Wright’s opinion that Ms. Galligan is competent, forgo a hearing, and to instead make a finding that there is not a substantial probability that she will be restored within the reasonably foreseeable future and dismiss this case.
41. A timely dismissal of this case will ensure that Ms. Galligan can be civilly committed to a civil unit at Fort Logan instead of risking being released to the street with no services,

making it significantly more likely that she will quickly come back into the criminal legal system.

42. Ms. Galligan makes this request pursuant to her U.S. and Colorado Constitutional rights under the fourteenth amendment and Art. II, Section 25.

WHEREFORE, Ms. Galligan moves this Court to make a finding that she is not likely to be restored within the reasonably foreseeable future and to dismiss her case.

Respectfully Submitted,

MEGAN A. RING
COLORADO STATE PUBLIC DEFENDER

/s/Becca Butler-Dines
Becca Butler-Dines #51150
Deputy State Public Defender

/s/ Samantha Almon
Samantha Almon #57759

Dated: July 17, 2025

Certificate of Service

I hereby certify that on July 17, 2025,
I served the foregoing document by
e-filing the same to all opposing
counsel of record.