



[Stearns County \(Minn.\)](#)  
[Probate Court: Probate case](#)  
[files and index.](#)

## **Copyright Notice:**

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit [www.mnhs.org/copyright](http://www.mnhs.org/copyright).

State of Minnesota,  
STEARNS  
County of \_\_\_\_\_

IN PROBATE COURT

17,303

In the Matter of the  
~~Mental Illness~~  
~~Inebriety~~  
Mental Deficiency  
~~Epilepsy~~

RECEIVED  
APR 6 1955  
STEARNS COUNTY  
WELFARE BOARD

403-CWS

Of \_\_\_\_\_ THOMAS SUFKA

To the Honorable Probate Judge of said County:

Your petitioner respectfully represents to the Court and alleges that \_\_\_\_\_ THOMAS SUFKA

whose address is \_\_\_\_\_ HOLDINGFORD, MINNESOTA \_\_\_\_\_

is an \_\_\_\_\_ MENTALLY DEFICIENT \_\_\_\_\_ person.  
(Mental Illness-Inebriety-Mental Deficiency-Epilepsy)

That your petitioner is \_\_\_\_\_ related to the said above named person as follows: \_\_\_\_\_ MOTHER

That the indications of \_\_\_\_\_ MENTAL DEFICIENCY \_\_\_\_\_ manifested by h<sup>im</sup> are as follows:  
(Mental Illness-Inebriety-Mental Deficiency-Epilepsy)

(Here give fully the symptoms on which the charge of Mental deficiency \_\_\_\_\_ is based.)

The child is mentally and physically retarded. Doubtful that he will ever progress or develop beyond the 5 or 6 year level and this estimate may be optimistic.

That the reasons for making this application are: \_\_\_\_\_ for purpose of having the child committed to the guardianship of the Commissioner, Department of Public Welfare, as a mentally deficient child.

That the said alleged \_\_\_\_\_ mentally deficient \_\_\_\_\_ person will ~~not~~ appear in Court voluntarily, not and that it will be necessary to issue a warrant to bring h<sup>im</sup> before this Court.

That the name and address of the nearest relatives of the said \_\_\_\_\_ Thomas Sufka \_\_\_\_\_ are:

NAME	ADDRESS	RELATIONSHIP
Mrs. Peter W. (Veronica) Sufka	Holdingford, Minnesota	mother
Peter M.	"	"
Judy Ann	"	sibling
Kathleen	"	"
Mary	"	"
Paulette	"	"

That said \_\_\_\_\_ Thomas Sufka \_\_\_\_\_ was born in \_\_\_\_\_ Little Falls, Minnesota \_\_\_\_\_, is about \_\_\_\_\_ 3 \_\_\_\_\_ years of age, and b. 1-14-1953 the parent of \_\_\_\_\_ no \_\_\_\_\_ children.

That h<sup>is</sup> residence and place of legal settlement is \_\_\_\_\_ Stearns \_\_\_\_\_ County, Minnesota.  
(If not a resident of Minnesota, set out as fully as possible where \_\_\_\_\_ he came from, how long \_\_\_\_\_ he has been in the County named.)

That said alleged mentally ~~deficient~~ person is \_\_\_\_\_ not \_\_\_\_\_ a United States War Veteran.  
deficient not-spouse-child

00020290

That no restraint has been employed.

That the supposed cause of mentally deficiency  
(Mental Illness-Inebriety-Mental Deficiency-Epilepsy)

is congenital

That the said Thomas Sufka has been treated by Dr. Hoehn

That the said Thomas Sufka is the owner of the following described real and personal property, to-wit: not now—but will share in estate of deceased father

WHEREFORE, your petitioner prays that this Court will make due inquiry into the matter, and to that end that said above named person be brought into said Court and examined as to said alleged mental deficiency  
(Mental Illness-Inebriety-Mental Deficiency-Epilepsy)  
and if found to be mentally deficiency that he be committed in accordance with the statutes in such case made and provided.

State of Minnesota, } ss.  
County of Stearns

Veronica Sufka, being first duly sworn, deposes and says that he is the petitioner in the foregoing petition; that he knows the contents thereof, and that the averments of said petition are true of his own knowledge, save as to such as are stated on information and belief, and as to those he believes them to be true.

Subscribed and sworn to before me this 23rd day of March, 19 56.

Leo Klase

LEO KLASSEN

Notary Public, Stearns Co., Minnesota  
My Commission Expires March 17, 1962

State of Minnesota,

County of Stearns

PROBATE COURT

MENTAL ILLNESS  
IN THE }  
MATTER OF THE }  
MENTAL DEFICIENCY }  
EPILEPSY }

of THOMAS SUFKA

PETITION

Filed April 25th, 1956

Everian M. Brown  
Clerk of Probate

Form prescribed by State Board of Control, Pursuant to Code 1935.

00020291

STATE OF MINNESOTA,

County of Stearns }

## IN PROBATE COURT

ORDER FOR HEARING  
AND  
FOR EXAMINATIONIn the Matter of the ~~Mental Incompetent~~  
~~Person~~  
~~Veronica Sufka~~  
Mental Deficiency  
Epilepsy

of Thomas Sufka

Patient

Veronica Sufka, having filed in this court a petition alleging that the above named patient is a mentally deficient person and praying for his commitment;

IT IS ORDERED, That such petition be heard and said patient be examined, in the Probate Court Room in the Court House in the City of St. Cloud Minnesota on the 18th day of May, 19 56, at 1:30 o'clock P.M., and that notice hereof be given to said patient and his Mother Veronica Sufka and the Stearns County Welfare Board by mail by the service of a copy of this order upon each of them, personally, prior to said examination.

Dated April 25th, 19 56

(Probate Court Seal)

*Ed J. [Signature]*  
Probate Judge

00020292



## AFFIDAVIT OF SERVICE

STATE OF MINNESOTA.

County of

day of

, 19

, being duly sworn, on oath says: that on the

in said county and state by handing to and leaving with him personally a true copy thereof.

this

day of

, 19

Notary Public

State of Minnesota.

County of Stearns

## IN PROBATE COURT

IN THE MATTER OF THE  
Mental Deficiency

of Thomas Sufka

Patient

ORDER FOR HEARING  
AND  
FOR EXAMINATION

## ADMISSION OF SERVICE

I hereby admit due and personal  
service of the within order this  
day of , 19

Attorney for Patient

County Attorney

Filed this 25th

day of April , 19 56

Ernest M. Benson

Probate Judge-Clerk

ORIGINAL

State of Minnesota,

County of Stearns

## IN PROBATE COURT

In the Matter of the <sup>Mental Deficiency</sup>  
~~Epilepsy~~

of Thomas Sufka

TO THE COMMISSIONER OF PUBLIC WELFARE:

PLEASE TAKE NOTICE, that a petition has been filed with this Court by Veronica Sufka

Mother alleging the mental deficiency of Thomas Sufka

(Relationship to Patient) (Mental Deficiency — Epilepsy)

a resident of the Village of Holdingford in said county;  
(City — Village — Town)that on the 18th day of May, 1956, at 1:30'clock in the  
after noon, at the Court House in the City of St. Cloud  
(City — Village — Town)

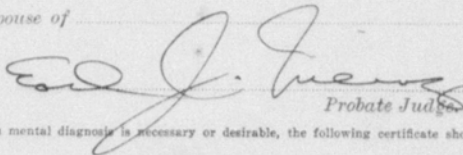
in said county, a hearing will be had on said petition; that said person is of the age of 3 years;

that h is father is Peter W. Sufka (deceased) now resides at ;

that h is mother is Veronica Sufka and resides at Holdingford ;  
(Maiden Name)and, that he is not married and is the spouse of ;  
(not)

and has no children.

(Court Seal)

  
Probate Judge

(If in the opinion of the Judge the presence of a person skilled in mental diagnosis is necessary or desirable, the following certificate should be signed.)

## REQUEST TO THE COMMISSIONER OF PUBLIC WELFARE

In the opinion of the court a mental examiner should be present at the above mentioned hearing and you are hereby requested to have such a person at said hearing.

Probate Judge.

(Note: Under Section 535.752, Subd. 2; Minnesota Statutes 1955, this notice must be given to the Commissioner of Public Welfare at least ten days before the date set for hearing.)

000280294

No. 17,303

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Deficiency

of Thomas Sufka

Notice to The Commissioner  
of Public Welfare —  
Mental Deficiency — Epilepsy

Form No. 226-A

Due service of the within notice is  
hereby admitted at St. Paul  
Minn., this 26th day of  
April 1956, 19

COMMISSIONER OF PUBLIC WELFARE

By Norma E. Kammann

Norma E. Kammann

Filed in my office this 28th

day of April, 1956

Ernest M. Boos

Clerk of Probate

State of Minnesota,

County of

Stearns

} 88.

IN PROBATE COURT

In the Matter of the Mental Deficiency

of Thomas Sufka

Patient

ORDER APPOINTING  
GUARDIAN AD LITEM

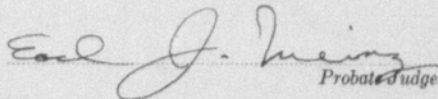
A petition having been filed in this Court alleging that the above named patient is a  
mentally deficient person and praying for commitment; and it appearing that a guar-  
dian ad litem should be appointed to protect the interests of said person in said matter,

IT IS ORDERED, That

of , Minnesota, be and he hereby is appointed guardian ad litem  
of said patient to act in all the proceedings herein.

Dated May 18th , 19 56

(PROBATE COURT SEAL)

  
Probate Judge.

CONSENT

I do hereby consent to act as guardian ad litem of the patient named in the foregoing order for the purposes stated therein.

Dated May 18th , 19 56

0002 0296

No. 17,303

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Deficiency

of Thomas Sufka  
Patient.

ORDER APPOINTING  
GUARDIAN AD LITEM

Filed this 18th day of

May, 19 56

*Emmie M. Boos*  
Probate Judge-Clerk.

No. 3912\*

000280297



State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the  
~~Mental Illness~~  
~~Senility~~  
~~Inebriety~~  
~~Mental Deficiency~~  
~~Epilepsy~~

of Thomas Sufka

To the Hon. David T. Shay, Esq., County Attorney of said County:

SIR: Please take notice that a petition has been filed with the above court alleging the

mental deficiency

of the above named patient.

~~Mental Illness—Senility—Inebriety—Mental Deficiency—Epilepsy~~

You are hereby notified and required to appear at the examination of said patient to be held at my office on

the 18th day of May, 1956 at 1:30 o'clock P.M., to represent

the petitioner in said matter and to take part in the said examination as provided by law.

Dated this 18th day of May, 1956

(Court Seal)

E. J. [Signature]  
 Judge of Probate.

No. 17,303

State of Minnesota.

County of Stearns

IN PROBATE COURT

Notice to County Attorney  
Mental Illness, Senility, Inebriety,  
Mental Deficiency, Epilepsy

In the Matter of { Mental Illness  
Senility  
Inebriety X  
Mental Deficiency  
Epilepsy X

of

Thomas Sufka

Due service of the within notice is  
hereby admitted at  
Minn., this day of  
, 19

County Attorney.

By

Filed in my office this 18th day of

May 19 56

Eunice M. Boos  
Clerk-Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

## IN PROBATE COURT

In the Matter of the

~~Mental Illness~~  
x ~~Sexuality~~  
~~Inebriety~~  
~~Mental Deficiency~~  
~~Epilepsy~~

## APPOINTMENT OF EXAMINERS

of Thomas Sufka

Patient.

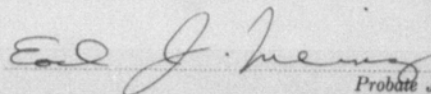
Upon all of the files, records and proceedings herein,

IT IS ORDERED, That Dr. F. J. Schatz and Dr. George D. Rice

are appointed to assist in the examination of said patient.

Dated this 18th day of May, 1956.

(Probate Court Seal)



Probate Judge.

00020300

No. 17,303

**State of Minnesota.**

County of Stearns

**IN PROBATE COURT**

IN THE MATTER OF THE ALLEGED

Mental Deficiency

of Thomas Sufka  
Patient.

**Appointment of  
Examiners**

Filed in my office this 18th day of

May 19 56

Ernie M. Boes  
Clerk—Judge of Probate.

No. 401-R-P

0002 0301

STATE OF MINNESOTA,

County of Stearns

## IN PROBATE COURT

Mental Deficiency

~~Insanity~~~~Imbecility~~~~Feeble-mindedness~~~~Epilepsy~~

In the Matter of the

Of Thomas Sufka

STATE OF MINNESOTA,

County of Stearns

} ss.

We Dr. F. J. Schatz

and Dr. George D. Rice

do each swear that we will faithfully and justly

perform all the duties of the office and trust which we now assume as members of the Board of Examiners to examine the

above named patient, and determine as to h is being mentally deficient, to the

(Insane-Inebriate-Feeble-minded-Epileptic)

best of our ability.

*George D. Rice*  
*F. J. Schatz*

Subscribed and sworn to before me this

18th

day of

May

, 19 56

*E. J. [Signature]*  
 Judge of Probate

00020302



No. 17,303

State of Minnesota,

County of Stearns

} ss.

## IN PROBATE COURT

IN THE MATTER OF THE

Mental Deficiency of

Thomas Sufka

### Oath of Examiners in

*Mental Deficiency*

Filed this 18th day of  
May, 1956

*Eunice M. Boers*

~~Judge~~ Clerk of Probate.

# Report of Data and Evidence Presented in Hearing on Mental Deficiency or Epilepsy

Verify all information possible.  
Indicate whether verified.

(Underline proper word)

Name of Patient Thomas Sufka Date Committed 5-18-56 County Stearns  
 Residence Holdingford, Minn. Petitioner's Name Veronica Sufka  
 County of legal settlement Stearns Petitioner's relationship to patient mother  
 Date of birth 1-14-1953 Examining Board:  
 Place of birth Little Falls, Minn. Judge Earl J. Meinz  
 Length of time in U. S. life Other members  
 Citizen by birth 1. Name George D. Rice  
 If married, date and place no Occupation Physician  
 Religion Catholic 2. Name F. J. Schatz  
 Sex male Color white Occupation Physician  
 Color Eyes brown Hair brown Height 30" Attorney ----

## MENTAL EXAMINATION

Examiner Ella Aidel, psychologist Date 11-5-1954  
 Results: Age 2-10 Mental age --- I. Q. --- Test used not tested  
 Other results from examination "In some ways Tommy behaves like a child approaching 1 year in age but he is not yet responsive to people ..... may eventually learn to use language in rudimentary  
 Special mental traits indicated in history Doubtful that he will ever develop /fashion - perhaps single  
beyond the 5 or 6 year level and even this estimate may be optimistic. words  
 Recommendations of examiner Commitment to state guardianship.

## SCHOOL RECORD

Age of starting school pre-school Last school attended  
 Age at leaving school Grade at leaving  
 Attendance regular or irregular Reason for leaving  
 Grades repeated Quality of school work  
 Conduct in school

## PHYSICAL RECORD

General physical condition good  
 Deformities or paralysis none  
 Coordination poor Tremors no  
 Use of arms normal Use of legs does not walk but can stand  
 Speech none Hearing normal Vision defective - cross-eyed  
 Venereal disease no What and when  
 Tobacco no Alcohol no Drugs no To what extent no  
 Name all diseases patient has had and date of each:  
 Disease Severity Date Recovery  
none

## TO BE FILLED IN IF PATIENT IS EPILEPTIC

Age at first attack  
 Was onset gradual or sudden  
 Type of attacks  
 Frequency of attacks  
 Describe an attack

0002 0304

## Information Given by Witnesses

**BEHAVIOR RECORD:** (If patient has been arrested for any offense, give time, place and sentence in proper space below. If not arrested but delinquent or wayward, state to what extent and in what way.)

Age when defectiveness was first observed **6 months**

Reasons given for patient's defectiveness **not known**

Abnormal behavior **none**

Sex **none**

Delinquencies (specify offense) **none**

**WORK RECORD:** (Give jobs in chronological order. Get verified information whenever possible.)

Employer and Address	Kind of Work	Dates	Wage	Reason for Leaving
<b>none</b>				

### HOME CONDITIONS

Number of people in home **7** Lodgers (give names and ages):

Number of rooms in house **7** 1.

Number sleeping rooms **3** 2.

Character of dwelling—sanitary condition and repair; cleanliness **good**

Economic conditions of family: **Monthly** **\$300.00** Rent

If family owns house, state value **\$9,000.00** Mortgage **no** No. Acres of land

Patient supported by whom **mother**

Patient's property (of what does it consist) **none - will share in father's estate**

Guardianship of property

Morals of family: Reputation in community **good**

Attitude toward school attendance of children **would like to have them continue on to higher education**

Attitude toward church attendance **strict** **if they desire**

Attitude toward patient **understanding, accepting**

**REMARKS:** (Put here any additional information about the patient or his family which cannot be given under any other headings.)

(If space allowed is insufficient, insert extra sheet.)

0002 0305

# Family of Patient

Name	Date and place of birth	Present Address	Occupation and Wage	Grade Reached in School	Mental or Physical Disability, Delinquency, Etc.
Father					
Peter W. Sufka	9-17-1914 Rice, Minn.	deceased 1-18-1956		8th	none
Mother (maiden name)					
Veronica Winter	4-12-1916 Isle, Minn.	Holdingford, Minn.	Housewife Mgr.-Hardware store	12th	none
Brothers—sisters					
Peter M.	10-7-1939	Holdingford	school	grade 11	none
Judy Ann	3-13-1941	"	"	" 9	"
Kathleen	8-21-1943	"	"	" 7	"
Mary	11-2-1943	"	"	" 5	"
Paulette	7-15-1949	"	"	" 1	"
Spouse (If wife, maiden name)					
Children					
none					

Other relatives of patient (Names, addresses—show relationship.)

Mr. & Mrs. M. G. Winter, 1115 5th St. No., St. Cloud, Minn., maternal grandparents  
Mrs. Mary Sufka, Cold Spring, Minn., paternal grandparents.

## INSTITUTIONAL RECORD OF PATIENT OR RELATIVES:

Name and Relationship	Institutions	Length of Time (Dates)	Cause
Mrs. Charles Fussy, great aunt	FFSH	presently receiving care	
Mr. Charles Fussy, great uncle	FFSH	died at hospital	nervous breakdown Result of wife's illness

## SOURCES OF INFORMATION FOR THIS REPORT AND WITNESSES AT HEARING:

Name and Relationship to Patient	Address
Mrs. Peter Sufka, Mother	Holdingford, Minn.
Records of Stearns County Welfare Board	St. Cloud, Minn.

00020306



# State of Minnesota.

County of Stearns

## IN PROBATE COURT

In the Matter of the Mental Deficiency  
Epilepsy

### Findings of the BOARD OF EXAMINERS

Of Thomas Sufka

We, the Board of Examiners, in the above entitled proceeding hereby certify and report that on the 18th day of May, 1956, at 1:30 o'clock in the afternoon of said day we met at the Court House in the City of St. Cloud in said county and state for the purpose of determining whether Thomas Sufka is a mentally deficient person, as alleged in the petition in the above entitled proceeding.  
(Mentally deficient-epileptic)

David T. Shay, Esq., of St. Cloud, Minnesota, (county attorney), (having been appointed by this Court for that purpose), appeared as attorney in behalf of said petitioner.  
Patient was personally present and was examined and observed by us. All proper testimony offered by interested persons was received and considered.

From the examination so made by us and upon due consideration of all of the testimony received, we find and determine that

Thomas Sufka is a mentally deficient person.  
(Mentally deficient-epileptic)

Dated at St. Cloud, Minnesota,  
this 18th day of May, 1956

George D. Rice  
Earl J. Meier  
Judge of Probate.

State of Minnesota,

County of Stearns

IN PROBATE COURT

REPORT OF DATA AND EVIDENCE  
PRESENTED IN HEARING ON  
MENTAL DEFICIENCY OR  
EPILEPSY

In the Matter of the Mental Deficiency  
Epilepsy  
of

Thomas Sufka

Filed this 18th day of May, 1956

Emmie M. Davis  
Clerk - Judge of Probate

3449\*

00020307



**State of Minnesota,**

*County of Stearns*

} ss.

**IN PROBATE COURT**

**CERTIFICATE**

*This is to certify that Dr. George D. Rice*

*of St. Cloud, Minnesota is a reputable person, a graduate of which is an incorporated medical college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least one year next preceding to the date hereof, and is registered as licensed by the State Board of Medical Examiners; that he is neither superintendent, proprietor, an officer, or regular medical attendant of any institution for the care and treatment of mental deficiency*

(SEAL)

*E. J. [Signature]*  
Judge of Probate.

*Dated May 18th, 1956.*

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

00020308

State of Minnesota, }

County of Stearns

## PROBATE COURT

IN THE MATTER OF

Mental Deficiency

of Thomas Sufka

## CERTIFICATE

Filed 18th day of

May

, 19<sup>56</sup>*Eunice M. Boag*  
Clerk of Probate

Form prescribed by State Board of  
Control, pursuant to Sec. 3871, Revised  
Laws of 1905.

**State of Minnesota.**

County of Stearns

} ss.

**IN PROBATE COURT**

**CERTIFICATE**

This is to certify that Dr. F. J. Schatz

of St. Cloud, Minnesota

is a reputable person, a graduate

of Jefferson Medical College

which is an incorporated medical

college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least one year next preceding to the date hereof, and is registered as licensed by the State Board of Medical Examiners; that he is neither superintendent, proprietor, an officer, or regular medical attendant of any institution for the care and treatment of mental deficiency

(SEAL)

*E. J. [Signature]*  
Judge of Probate.

Dated May 18th, 1956.

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

000280310

State of Minnesota, }

County of Searns }

## PROBATE COURT

IN THE MATTER OF

Mental Deficiency

of Thomas Sufka

## CERTIFICATE

Filed 18th day of

May, 1956

Eunice M. Boers  
Clerk of Probate

Form prescribed by State Board of  
Control, pursuant to Sec. 3871, Revised  
Laws of 1905.

ORIGINAL

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

Mental Deficiency

In the Matter of the

{ Feeble-mindedness  
Epilepsy.

Of Thomas Sufka

The above named patient having been found to be mentally deficient

(Feeble-minded—Epileptic)

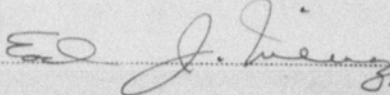
Commissioner of Public Welfare

IT IS ORDERED, That the State Board of Control is hereby appointed guardian of the person of such patient, and

that he is hereby committed to its care and custody according to law.

Dated this 18th day of May, 1956.

(Court Seal)

  
Probate Judge.

(NOTE: See reverse side for receipt of State Board of Control)

00020312



RECEIPT OF STATE BOARD OF CONTROL

Receipt of a duplicate copy of this Warrant and a certified copy of the report of examination are hereby acknowledged.

Dated this 21st day of May, 1956.

COMMISSIONER OF PUBLIC WELFARE  
STATE BOARD OF CONTROL

By Norma E. Kammann  
Norma E. Kammann

File No. 17,303

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE

Mental Deficiency

of Thomas Sufka

Warrant of Commitment

and

Receipt of Board of Control

COMMISSIONER OF PUBLIC WELFARE  
Feeble-mindedness, Epilepsy

B. C. 1935 Form No. 238-A

Voucher No.

Filed May 22nd, 1956

Emmie M. Boro

Clerk of Probate

No. 3864

000280313

State of Minnesota,

County of Stearns

}

## IN PROBATE COURT

IN THE MATTER OF

Thomas Sufka,

Mentally Deficient

}

## JUDGMENT

The above entitled proceeding having been duly commenced by petition and said

Thomas Sufka

having been personally before the Court, and examined as to mental deficiency by a Board of Examiners duly appointed by this Court, and the report of said Board of Examiners having been duly filed herein, whereby said Thomas Sufka has been found to be mentally deficient and in need of care and treatment in a State Institution.

NOW, THEREFORE, Upon reading and filing said report and upon all the records and proceedings herein, IT IS HEREBY ADJUDGED AND DETERMINED, and the Court does hereby adjudge and determine, that the said Thomas Sufka is mentally deficient and a proper person for care and treatment in a State Institution.

WHEREFORE, IT IS HEREBY ORDERED AND ADJUDGED, That the said

Thomas Sufka

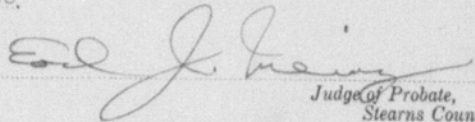
be committed to the custody of

Commissioner of Public Welfare

and that duplicate warrants of

commitment be issued out of and under the seal of this Court, as provided by law, to carry this judgment into effect.

Dated May 18th, 19 56.



Judge of Probate,  
Stearns County.

State of Minnesota,

County of Stearns

**PROBATE COURT**

IN THE MATTER OF

Thomas Sufka,

Mentally Deficient

**JUDGMENT**

Filed May 18, 1956

*Ernie M. Ross*

Clerk of Probate Court.

Recorded in Book 2 of

Judgments on page 136.

State of Minnesota, }  
County of Stearns } ss.

IN PROBATE COURT,  
EXAMINER'S FEE CLAIM.

In the Matter of the Mental Deficiency }  
of Thomas Sufka }

Dr. George D. Rice on being first duly sworn, says that he has a  
just and true claim against said County for services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile s of necessary travel at 15c per mile - - \$ .30

TOTAL - - \$ 10.30

George D. Rice

Subscribed and sworn to before me this 18th day of May 1956

Earl J. Jerning  
Clerk - Judge of Probate

00020316

State of Minnesota,

County of Stearns

## PROBATE COURT

IN THE MATTER OF THE

Mental Deficiency

of Thomas Sufka

## EXAMINER'S FEE CLAIM

Filed this 18th day of

May 1956

*Ernest M. Boos*  
Clerk—Judge of Probate.

State of Minnesota, }  
County of Stearns } ss.

IN PROBATE COURT,  
EXAMINER'S FEE CLAIM.

In the Matter of the Mental Deficiency  
of Thomas Sufka }

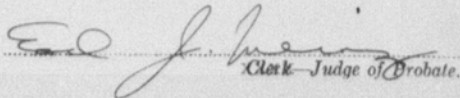
Dr. F. J. Schatz on being first duly sworn, says that he has a  
just and true claim against said County for services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile<sup>s</sup> of necessary travel at 15c per mile - - \$ .30

TOTAL \$ 10.30

Subscribed and sworn to before me this 18th day of May 1956

  
Clerk—Judge of Probate.

000280318



State of Minnesota,

County of Stearns

## PROBATE COURT

IN THE MATTER OF THE

Mental Deficiency

of Thomas Sufka

## EXAMINER'S FEE CLAIM

Filed this 18th day of

May 19<sup>56</sup>*Eunice M. Borg*  
Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

## IN PROBATE COURT

## EXAMINER'S-FEE ORDER

IN THE MATTER OF THE Mental Deficiency

of Thomas Sufka

Dr. George D. Rice

having been duly appointed an examiner in

mental deficiency

in the above entitled matter by an order of this Court and

having filed his duly verified claim for fees allowed by law therefor.

Now, therefore, it is hereby ordered and adjudged that the said George D. Rice

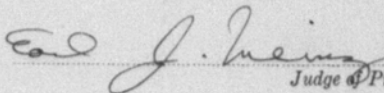
be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$ 10.30)

for his services herein and that upon filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer of said County.

Dated May 18th, 1956.

By the Court,

  
Judge of Probate

0002 0320

State of Minnesota,

County of Stearns

## PROBATE COURT

In the Matter of the Mental Deficiency

of Thomas Sufka

## Examiner's-Fee Order

Filed this 18 day of  
May, 19 56

*Emilia M. Boos*  
Clerk—~~Judge~~ of Probate

No. 3693\*

State of Minnesota,

County of

}

I, \_\_\_\_\_ of the Probate Court of said County, do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In testimony whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name this

day of

, 19

Clerk—Judge of Probate

00020321

State of Minnesota,

County of Stearns

ss.

IN PROBATE COURT  
EXAMINER'S-FEE ORDER

IN THE MATTER OF THE Mental Deficiency

of Thomas Sufka

Dr. F. J. Schatz

having been duly appointed an examiner in

mental deficiency

in the above entitled matter by an order of this Court and

having filed his duly verified claim for fees allowed by law therefor.

Now, therefore, it is hereby ordered and adjudged that the said F. J. Schatz

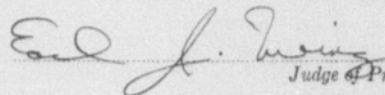
be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$10.30)

for his services herein and that upon filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer of said County.

Dated May 18th, 1956

By the Court,

  
Judge of Probate

00020322

State of Minnesota,

County of Stearns

## PROBATE COURT

In the Matter of the Mental Deficiency

of Thomas Sufka

## Examiner's-Fee Order

Filed this 18th day of  
May, 1956

*Emmie M. Boos*  
Clerk—~~Judge~~ of Probate

State of Minnesota,

County of

ss.

I.

herby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In testimony whereof, I have herewith affixed the seal of the Probate Court of said County, and signed my name this

day of

, 19

Clerk—Judge of Probate



# Rochester State Hospital

(Hospital or Facility)

17.303

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To <u>Stearns</u> Name (last, First, Middle) <u>Sufka, Thomas</u>	COUNTY _____ Date of Birth <u>1-14-53</u>	Date of Report <u>9-26-69</u> Date of Commitment/Admission <u>5-18-56</u> <u>9-3-69</u> Date Action Taken <u>9-5-69</u>
Address (on exit from Hospital) _____		

- ☐ 1. Provisional Discharge
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to \_\_\_\_\_, 19\_\_\_\_
- ☐ 5. Discharge by Head of Hospital    ☐ Direct    ☐ From PD    ☐ From UA
- ☐ 6. Release because of Statutory Time Limitation.
- ☐ 7. Discharge by Court Order Issued by \_\_\_\_\_
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☒ 10. Transfer to Cambridge State Hospital at Cambridge, Minnesota
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death    ☐ In Hospital    ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization    ☐ Day Care    ☐ Night Care    ☐ Outpatient
- ☐ 15. Transfer to    ☐ Informal Status    ☐ Voluntary Status
- ☐ 16. Revocation of Partial Hospitalization
- 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
 

<input type="checkbox"/> Mentally Ill	<input type="checkbox"/> Psychopathic Personality	<input type="checkbox"/> Inebriate	<input type="checkbox"/> Dangerous to the Public
<input type="checkbox"/> Recovered	<input type="checkbox"/> Improved	<input type="checkbox"/> Unimproved	<input type="checkbox"/> Other _____

Diagnosis \_\_\_\_\_

Further Institutional Care and Treatment

- ☐ Are Not Needed
- ☐ Are Needed At \_\_\_\_\_

FILED THIS 1st DAY  
 OF October A.D. 1969  
Rochester, Minnesota  
 CLERK OF PROBATE

COPIES TO: (As appropriate) (See instructions)  
 Probate Court    DPW  
 County Welfare Board    Patient's Medical File    Patient's Atty.

Medical Director's Signature

*Francis J. Tyce*

REPORT OF PATIENT STATUS  
 DPW 1185 (5-68)

/daw

00020324

# Rochester State Hospital

(Hospital or Facility)

17303

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	Stearns	COUNTY	Date of Report 8-6-70
Name (last, first, middle) Sufka, Thomas		Date of Birth 1-14-53	Date of Commitment Admission 5-18-56 7-28-70
Address (on exit from Hospital)			Date Action Taken 8-04-70

- ☐ 1. Provisional Discharge    ☐ Direct    ☐ From UA    ☐ From EV
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to \_\_\_\_\_, 19\_\_\_\_
- ☐ 5. Discharge by Head of Hospital    ☐ Direct    ☐ From PD    ☐ From UA    ☐ From EV
- ☐ 6. Release because of Statutory Time Limitation.
- ☐ 7. Discharge by Court Order Issued by \_\_\_\_\_
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☒ 10. Transfer to Cambridge State Hospital    ☐ Permanent    ☐ TMT
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death    ☐ In Hospital    ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization    ☐ Day Care    ☐ Night Care    ☐ Outpatient
- ☐ 15. Transfer from \_\_\_\_\_ status to \_\_\_\_\_ status.
- ☐ 16. Revocation of Partial Hospitalization
- ☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
 

☐ Mentally Ill    ☐ Recovered

☐ Psychopathic Personality    ☐ Improved

☐ Inebriate    ☐ Unimproved

☐ Dangerous to the Public    ☐ Other \_\_\_\_\_

Diagnosis \_\_\_\_\_

Further Institutional Care    ☐ Are Not Needed  
 and Treatment    ☐ Are Needed At \_\_\_\_\_

COPIES TO: (As appropriate) (See instructions)  
 Probate Court    DPW  
 County Welfare Board    Patient's Medical File    Patient's Atty.

Medical Director's Signature

**FILED THIS 17th DAY**  
**OF August A.D. 1970**  
*Francis A. Lyce*  
 CLERK OF PROBATE

REPORT OF PATIENT STATUS jkk  
 DPW 1185 (11-69)

00020325

Rochester State Hospital  
(Hospital or Facility)

17,303

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To  Name (last, first, middle) <u>Sufka, Thomas</u>	COUNTY <u>Stearns</u>  Date of Birth <u>1-14-53</u>	Date of Report <u>10-15-70</u> Date of Commitment Admission <u>5-18-56 10-13-70</u> Date Action Taken <u>10-14-70</u>
Address (on exit from Hospital) _____		

- ☐ 1. Provisional Discharge    ☐ Direct    ☐ From UA    ☐ From EV  
☐ 2. Expiration of Provisional Discharge  
☐ 3. Revocation of Provisional Discharge  
☐ 4. Extension of Provisional Discharge to \_\_\_\_\_, 19\_\_\_\_  
☐ 5. Discharge by Head of Hospital    ☐ Direct    ☐ From PD    ☐ From UA    ☐ From EV  
☐ 6. Release because of Statutory Time Limitation.  
☐ 7. Discharge by Court Order Issued by \_\_\_\_\_  
☐ 8. Discharge and Deportation  
☐ 9. Discharge to Veterans Hospital  
☒ 10. Transfer to Cambridge State Hospital    ☐ Permanent    ☐ TMT  
☐ 11. Unauthorized Absence  
☐ 12. Return from Unauthorized Absence  
☐ 13. Death    ☐ In Hospital    ☐ On Leave  
☐ 14. Transfer to Partial Hospitalization    ☐ Day Care    ☐ Night Care    ☐ Outpatient  
☐ 15. Transfer from \_\_\_\_\_ status to \_\_\_\_\_ status.  
☐ 16. Revocation of Partial Hospitalization  
☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days  
     ☐ Mentally Ill    ☐ Psychopathic Personality    ☐ Inebriate    ☐ Dangerous to the Public  
     ☐ Recovered    ☐ Improved    ☐ Unimproved    ☐ Other \_\_\_\_\_

Diagnosis \_\_\_\_\_

Further Institutional Care    ☐ Are Not Needed  
 and Treatment    ☐ Are Needed At \_\_\_\_\_

COPIES TO: (As appropriate) (See instructions)

Probate Court    DPW  
 County Welfare Board    Patient's Medical File    Patient's Atty.

Medical Director's Signature

*Francis A. Tyce*

REPORT OF PATIENT STATUS  
DPW 1185 (11-69)

0002-0326