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Mental Health Matters

The newsletter of the Illinois State Bar Association's Section on Mental Health Law

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Editor's Note

BY SANDRA BLAKE

FOR THE PAST TWO YEARS, I HAVE been able to focus my legal practice almost exclusively on mental health issues. This has naturally drawn my attention to news and organizations that may be beneficial to my clients and practice. Following are several reports from WGN News Medical Watch that I found particularly interesting.

May 27, 2025: "Columbia University researchers report a concerning decline in mental health among mothers in the US. Subsequently they discovered physical health suffering as a result of mental challenges. Doctors reached their conclusion after studying nearly 200,000 mothers with children from newborns to age 17. Just 26 percent of mothers surveyed reported excellent mental health in 2023. That's down nearly 10 percent in just seven years. The declines were seen in every socioeconomic group. A mother's unstable mental health can impact her child's growth and development."

July 1, 2025: "The youngest students in a grade have the greatest risk for

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When the Mind Never Adjourns: Why the Legal Brain Struggles to Leave the Courtroom Behind

BY DR. ALEXANDRA TSANG

A JUDGE LEAVES THE BENCH. An attorney gathers a stack of files and leaves the courthouse. The courtroom falls silent. The clerk locks the door. Court is adjourned. The case is finally over—at least on paper.

Yet hours later, somewhere between dinner and bedtime, an argument resurfaces in your mind. A witness's testimony is replayed. An overlooked statute suddenly comes into focus. A response to opposing counsel, perfect in hindsight, appears just as sleep begins to settle in. The body has gone home, but the mind remains in session. As a forensic psychologist, I have spent decades evaluating individuals whose brains have become trapped in cycles of overactive vigilance and relentless anticipation. What is often overlooked is that many legal professionals live in a similar state—not because they suffer from some sort of mental disorder, but because their

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mental health challenges. A study by Norwegian University of Science and Technology found children born in October, November or December are statistically more likely to have a mental health diagnosis than their classmates born earlier in the year. Those diagnoses include ADHD, delayed language development, academic and motor skills, anxiety and depression. The findings apply to both boys and girls regardless of whether they were born full term or prematurely."

July 16, 2025: "Food insecurity impacts the brain. People who stress about when and where their next meal will come from also suffer from anxiety and depression. A study at Newcastle University reveals a direct connection between food insecurity and diminished mental health. The effects are almost immediate. For study participants, food insecurity led to anxiety and depression, but when food sources improved, so too, did mental health—within weeks. Researchers suggest solving food insecurity could have a direct effect on improvements in mental health."

August 13, 2025: "Binge gamers are more likely to suffer with depression, anxiety and poor sleep. A study in the journal PLOS One reveals the role gaming plays in social, academic and mental health outcomes. Researchers also found boys are more likely than girls to engage in binge gaming. Binge gamers play video games for more than five hours at a time. It's become an emerging issue among children and adolescents with internet gaming now the most popular activity among young people. Doctors say it carries consequences for health and behavior. Gamers report more stress, loneliness, poor sleep quality and limited social engagement compared to their peers."

The study was conducted in Hong Kong, surveying 2,592 children and adolescents. **http://plos.io/4moOETZ**.

September 9, 2025: "Prescribing exercise for depression. Doctors say it should be the first treatment. University of Ottawa psychiatrists say mental health experts should tailor an exercise plan for patients immediately to address symptoms of depression. They urge treating doctors to stop relying on medication and talk therapy alone to enhance mental health. Instead, exercise should be part of every treatment plan for patients with depression. Research has shown clearly physical activity improves mood and relieves depressive symptoms. And study authors say to ignore exercise's role in mental healthcare is negligent."

October 29, 2025: "Cannabis use could negatively impact health. McGill University researchers found when teenagers begin and continue using cannabis regularly, they are more likely to suffer from depression, anxiety, suicidal thoughts and physical health problems compared to non-users. Mental and physical health problems are common in adults who started cannabis use by age 15. Teenagers are at a critical stage of brain growth, making them more susceptible to the effects of cannabis, which impairs attention and cognition."

October 30, 2025: "Moving your feet could help boost thoughts in your brain. Dancing alleviates symptoms of depression according to University of Eastern Finland doctors. While prior studies have shown physical exercise relieves some depression symptoms, dance specifically complements depression and anxiety treatments. Dancing reduces the secretion of stress hormones while increasing dopamine, associated with pleasure. When people dance, they also have a better sense of self expression and emotion." ■

Mental Health Matters

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When the Mind Never Adjourns: Why the Legal Brain Struggles to Leave the Courtroom Behind

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profession conditions their brain to remain on alert long after the workday has ended.

The law rewards attention to detail. Every deposition, negotiation, and judicial ruling asks the brain to identify risk before it becomes reality. Attorneys are trained to anticipate what could go wrong, while judges must continually weigh competing narratives, scrutinize credibility and appreciate the long-term consequences of every decision. This persistent cognitive demand engages the brain's threat-detection system with remarkable consistency. To the brain, sustained psychological pressure can feel remarkably similar to physical danger. The human brain does not distinguish between the threat of a charging bear and the stress of a high-stakes hearing. To the human brain, they are one and the same. The body initiates many of the same physiological responses. Stress hormones rise, attention narrows, and the nervous system prepares for action. The difficulty is that unlike a courtroom, the brain has no bailiff to announce, "Court is adjourned."

Over time, this constant alertness can quietly reshape everyday life. Many attorneys describe lying awake replaying conversations or constructing arguments that will never be spoken. Judges often carry the emotional weight of decisions long after rulings have been issued. This persistent cognitive engagement is the product of a remarkably adaptive brain. Beneath the surface, the brain is doing exactly what it has been trained to do—searching for the next problem before it arrives. One of the things I have learned after years of working alongside legal professionals is that the brain becomes very good at whatever we repeatedly ask it to do. Attorneys spend their careers anticipating the next objection, the next unanswered question, the next problem that could derail a case. Eventually the brain begins to assume that this is its permanent assignment. It no longer distinguishes between life inside the courtroom and life beyond it. It does not register the sound of the gavel as an end to a hearing. It does not sense you have left the courthouse. It does not recognize that the workday has ended and it can retreat into a more relaxed mode. It keeps working—while you drive home, eat dinner, or try to go to sleep. Your brain



keeps doing what it was trained to do. And perhaps that's why so many dedicated attorneys and judges find themselves mentally writing briefs in the shower, replaying testimony on the drive home, or waking at 3:00 a.m. to solve a problem that cannot be solved until sunrise. The legal mind doesn't refuse to rest because it's weak. It refuses to rest because it has become exceptionally good at its job.

Ironically, the very qualities that define exceptional legal professionals—preparation, analytical thinking, skepticism, and relentless attention to detail—are the same qualities that make psychological recovery more difficult. The brain cannot simply be instructed to "relax." It must be retrained to recognize that not every thought requires an immediate response and not every unanswered question represents unfinished business. Decades of neuroscience research has shown that intentional periods of mental recovery improve executive functioning, judgment, creativity, and emotional regulation. In other words, stepping away from the work is not an indulgence; it is an investment in better legal thinking. A rested brain is not a less committed brain—it is one better prepared for the demands of tomorrow.

Perhaps the greatest misconception is that dedication means carrying every case indefinitely. It does not. The most resilient legal minds are not those that never disengage; they are the ones who know that you cannot carry every case home. They are the ones who know when to set the case file down. Every courtroom depends upon procedural rules that create order, fairness, and finality. The human brain deserves no less. At the end of each day, we should be able to render our own verdict: the work was meaningful, the effort was sufficient, and tomorrow's arguments belong to tomorrow. Justice requires clear judgment, and clear judgment begins when the case file is finally set down at the end of the day and the mind remembers that it, too, is allowed to go home and adjourn. So give yourself permission to create your own ritual of adjournment when you get home—a walk, a conversation with family, reading a novel, or simply placing your briefcase in a dedicated space as a signal to the brain that today's work is complete.

Tomorrow's pursuit of justice begins with tonight's restoration and renewal. ■

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Why Illinois Juries Should Be Told the Truth: Consequences Instructions and the Insanity Defense

BY KULMEET S. GALHOTRA

Editor's Note: *In May, readers of Mental Health Matters were informed that "[t]his article has been unpublished so that the author can revise it." The updated article is below.*

By way of explanation, upon reviewing the published newsletter, the author initially struggled to locate certain cases and mistakenly feared they were AI hallucinations. While mental health law practitioners are intimately familiar with hallucinations, those of the AI variety are particularly problematic. In an abundance of caution, the article was unpublished. After further investigation, the author discovered that the issues were simply citation typos. For example, the Glenn case citation was missing a digit, and a one-page error in the Moore citation caused the search to jump to an unrelated case. The author has revised his article, and some additional minor changes were made to ensure full accuracy for the revised issue.

The article presents an interesting discussion of an issue of particular interest to mental health and criminal law practitioners.

Introduction

Illinois remains among a small minority of jurisdictions that prohibit juries from hearing what actually happens if they return a verdict of Not Guilty by Reason of Insanity (NGRI). Jurors are instructed to decide only whether the defendant has proven insanity at the time of the offense and are told—explicitly or implicitly—that the consequences of their verdict are not their concern.[1]

At the same time, jurors are often presented with an alternative verdict of Guilty but Mentally Ill (GBMI), a disposition that intuitively suggests treatment and accountability. The result is a predictable and troubling dynamic: jurors who believe the defendant was

mentally ill and dangerous may reject an insanity verdict out of fear that the defendant will be released without treatment, and instead choose GBMI in the belief that it ensures mental-health care. In Illinois, that belief is wrong.[2]

This article argues that Illinois should adopt a "consequences instruction" allowing jurors to be accurately informed that: (1) an NGRI verdict results in commitment to a secure mentalhealth facility, not release; and (2) a GBMI verdict results in the same correctional placement and sentence as any other guilty verdict, with no enforceable right to treatment. Without this information, jurors are deciding the insanity question in a factual vacuum that predictably distorts verdicts.

The reality of postverdict outcomes in Illinois

Not Guilty by Reason of Insanity (NGRI)

In Illinois, an NGRI verdict does not mean the defendant "walks free." Instead, the court must conduct postverdict commitment proceedings under the Mental Health and Developmental Disabilities Code. If the defendant is found to be in need of inpatient mental-health treatment and poses a danger, the court orders commitment to the Department of Human Services in a secure facility. Continued confinement, conditional release, and discharge all require judicial oversight based on clinical evaluations.[3]

In practical terms, NGRI is the only verdict that guarantees treatment and provides a mechanism for eventual release based on recovery rather than the expiration of a fixed prison sentence.

Guilty but Mentally Ill (GBMI)

By contrast, a defendant found GBMI is sentenced in the same manner as any other guilty defendant for the same offense. The statute does not mandate treatment, does not alter the length of sentence, and does not require placement in a therapeutic facility. Any mental-health services provided in the Department of Corrections are discretionary and resource-dependent, not entitlement-based.[4]

Functionally, then, GBMI is indistinguishable from a guilty verdict for purposes of incarceration and release dates.

The juror misperception problem

Empirical studies and decades of courtroom experience show that many jurors believe:

- An insanity verdict means the defendant will be released immediately or avoid meaningful accountability.
- A GBMI verdict ensures treatment while still imposing punishment.

These beliefs are understandable, but incorrect under Illinois law. When jurors are denied accurate information about consequences, they may compromise their factual findings about insanity in order to reach what they perceive to be a safer or more socially responsible outcome. This undermines the integrity of the insanity determination itself.[5]

For practicing lawyers, this problem is not theoretical. It plays out in *voir dire*, in jury questions, and in posttrial interviews. Jurors routinely ask what will happen if they find someone insane. Current law requires courts to deflect those questions, reinforcing the very uncertainty that drives compromise verdicts.[6]

The insanity verdict is not merely a moral judgment; it is a legal determination tied to constitutional principles of culpability. Allowing verdicts to be driven by fear of consequences rather than by application of the legal standard erodes those principles.

Illinois doctrine: Consequences are for the court, not the jury

Illinois courts have repeatedly held that the jury's role is limited to determining whether the defendant has proven insanity at the time of the offense and that post-verdict disposition is solely for the court. Trial courts therefore routinely refuse defense requests to instruct juries on the consequences of NGRI or GBMI verdicts.[7]

The core doctrinal themes are consistent across decisions:

- Informing juries about post-verdict consequences risks diverting them from their fact-finding function.
- Consequences are characterized as sentencing matters, traditionally reserved for judges.[8]
- Jurors are presumed to follow instructions to disregard punishment in reaching their verdicts.[9]

Illinois appellate courts have specifically upheld denials of defense-requested consequences instructions in insanity cases, reasoning that such instructions would improperly inject sentencing considerations into deliberations.[10] In several cases, courts acknowledged juror curiosity about post-verdict disposition but nevertheless concluded that any corrective instruction would be improper.[11]

Notably, these decisions largely predate modern scholarship on juror decision-making in insanity cases and the now well-documented gap between public perception and actual post-verdict procedures.

Brief legislative history: Why Illinois adopted GBMI

Illinois adopted the Guilty but Mentally Ill verdict as part of a national wave of legislative responses to public concern about the insanity defense in the late 1970s and early 1980s, following several high-profile cases that generated fear that defendants were avoiding accountability through insanity acquittals.[12] The GBMI verdict was promoted as a middle ground—allowing juries to recognize mental illness while still imposing criminal responsibility and incarceration.[13]

Legislative debates emphasized public safety and punishment, not treatment outcomes. Proponents argued that GBMI would reassure juries and the public that defendants would be confined in prison rather than released to hospitals perceived as less secure.[14] What received far less attention was whether the Department of Corrections was equipped to deliver sustained psychiatric care, or whether GBMI defendants would in fact receive treatment different from that provided to any other incarcerated person.

Over time, research and experience have shown that GBMI has not functioned as a meaningful treatment-oriented

alternative. Reflecting this reality, some Illinois practitioners and academics have long referred to GBMI—somewhat wryly—as "guilty with pimples," a shorthand attributed in local teaching and CLE settings to Professor Richard Kling to emphasize that the verdict changes the label but not the sentence or treatment pathway.[15] Instead, it has operated primarily as a verdict label that reassures juries without materially changing post-sentence placement or services.[16] In this sense, the very political compromise that led to adoption of GBMI also magnifies the need for accurate consequences instructions: jurors are encouraged to choose between verdicts without being told that one of those verdicts does not, in reality, accomplish the therapeutic goals they may assume it does.

The national landscape: Most states permit consequences instructions

Illinois is increasingly isolated in its approach. A substantial majority of jurisdictions now permit, and in some cases require, juries to be informed of the basic consequences of an insanity verdict. These states recognize that:

- Jurors will speculate about consequences regardless of instructions not to do so.
- Providing accurate, neutral information reduces reliance on myths and stereotypes.
- Transparency promotes confidence in the justice system and the legitimacy of verdicts.[17]

Approaches vary by jurisdiction. Some states mandate a standardized instruction explaining that an insanity verdict results in commitment to a mental-health facility until the defendant is no longer dangerous. Others permit counsel to address consequences in closing argument, subject to court supervision. A smaller group still prohibits any reference to post-verdict disposition.

Federal courts have likewise recognized that, while not constitutionally required, limited explanation of post-verdict procedures may be appropriate where juror confusion is likely to affect deliberations.[18] Notably, however, there is no GBMI option in federal criminal law.

State-by-state overview of consequences instructions (general survey)

This chart reflects general approaches. Practitioners should consult current statutes and pattern instructions in each jurisdiction.

Jurisdictions that permit or require consequences instructions

- **California**—Jury may be instructed that NGRI results in commitment to a state hospital.[19]
- **Colorado**—Mandatory instruction on commitment following NGRI.[20]
- **Connecticut**—Statute requires instruction on post-verdict commitment.[21]
- **Florida**—Standard jury instruction explains commitment procedures after NGRI.[22]
- **Georgia**—Statutory instruction permitted explaining commitment after NGRI.[23]
- **Indiana**—Jury informed that NGRI results in commitment proceedings.[24]
- **Kentucky**—Instruction required explaining hospitalization and court supervision.[25]
- **Maryland**—Jury instructed that defendant will be committed if found NGRI.[26]
- **Massachusetts**—Consequences instruction required by statute and case law.[27]
- **Michigan**—Mandatory instruction regarding commitment following NGRI.[28]
- **New Jersey**—Jury informed that defendant will be committed to a mental-health facility.[29]
- **New York**—CPL requires instruction on post-verdict commitment procedures.[30]
- **North Carolina**—Pattern instruction explains commitment after NGRI.[31]
- **Ohio**—Statutory instruction regarding hospitalization and court review.[32]
- **Pennsylvania**—Jury instructed on mandatory commitment following insanity verdict.[33]
- **Tennessee**—Pattern instructions permit explanation of commitment consequences.[34]

Jurisdictions that generally prohibit consequences instructions

- **Arizona**—Statutory instruction required regarding commitment following NGRI[35]
- **Illinois**[36]
- **Iowa**[37]
- **Kansas**[38]
- **Missouri**[39]
- **Nebraska**[40]
- **South Dakota**[41]
- **Texas**[42]
- **Virginia**[43]
- **Washington**[44]

(Some of these states permit limited references in exceptional circumstances or by stipulation.)

Why consequences instructions do not undermine the jury's role

Policy bodies concerned with the intersection of criminal justice and mental health have also recognized that juror ignorance of post-verdict consequences distorts decision-making. The American Bar Association's Criminal Justice Mental Health Standards recommend that juries be informed of the dispositional consequences of an insanity verdict precisely to reduce reliance on speculation, fear and popular myths about release and lack of supervision. ABA Crim. Just. Mental Health Standards § 76.3 (1989).

The ABA standards reason that jurors inevitably consider what will happen to the defendant, and that withholding accurate information does not prevent such consideration—it merely ensures that it is based on incorrect assumptions. Providing neutral, accurate consequences instructions is therefore viewed as enhancing, rather than undermining, the jury's ability to apply the legal standard for insanity as written.

The traditional objection is that jurors should not consider punishment or disposition. But a consequences instruction does not ask jurors to choose a sentence; it prevents factual determinations from being distorted by false assumptions.

Jurors already bring beliefs about consequences into the jury room. Silence

does not prevent that—it merely ensures that speculation fills the gap. A narrowly tailored instruction can:

- Correct common misconceptions.
- Preserve the jury's focus on the legal standard for insanity.
- Reduce the risk of compromise verdicts driven by fear rather than evidence.

From a trial-practice perspective, consequences instructions may also reduce juror frustration and increase engagement with expert testimony by clarifying why the insanity determination has real-world implications.

Public safety and treatment: The irony of the current system

Ironically, the current framework may undermine both treatment goals and public safety.

Defendants who genuinely meet the legal criteria for insanity may instead be sent to prison under GBMI verdicts, where sustained psychiatric treatment is inconsistent and often inadequate. They may be released at the end of fixed sentences without having received effective treatment, supervision or reintegration planning.

By contrast, NGRI commitment allows courts to condition release on clinical progress and risk assessment. From a public-safety standpoint, accurate insanity verdicts followed by structured treatment and supervised release may be the more responsible outcome.

A modest proposal for Illinois

Illinois need not adopt a radical reform. A neutral, accurate instruction could simply advise jurors that:

- An NGRI verdict results in further court proceedings to determine whether the defendant will be committed to a secure mental-health facility for treatment; and
- A GBMI verdict results in the same sentencing process as any other guilty verdict.

Such an instruction would not invite sympathy, advocate for either party, or encourage verdicts based on punishment preferences. It would merely prevent verdicts from being driven by demonstrably false assumptions.

Legislative action would be the most straightforward path, but the Illinois Supreme Court also has authority over pattern instructions and could address the issue through rulemaking or supervisory authority.

Practice tips for preserving the issue in Illinois trial courts

Although current Illinois law disfavors consequences instructions, counsel can and should preserve the issue for appellate review and for potential future changes in doctrine or legislation. Practical steps include:

1. File a written request for a consequences jury instruction. Propose a narrowly worded, neutral instruction explaining that an NGRI verdict results in



commitment proceedings and that a GBMI verdict results in ordinary sentencing. Attach the proposed language and cite jurisdictions that permit such instructions to demonstrate feasibility.

2. Move *in limine* to allow limited reference to consequences. Even if denial is likely, a written motion creates a clear record that the defense sought to correct juror misconceptions rather than to argue punishment.

3. Make an offer of proof. If the court bars any reference to post-verdict procedures, make a record—outside the presence of the jury—of the specific misconceptions the defense sought to address, including *voir dire* responses or juror questions that demonstrate confusion about release and treatment.

4. Request curative language when jurors ask questions. When jurors submit notes asking what happens after an insanity verdict, request that the court provide at least minimal clarification that the defendant is not automatically released. Even if denied, the request strengthens the appellate record.[45]

5. Coordinate expert testimony carefully. While experts generally may not testify about legal consequences, they can often describe the clinical need for treatment and the risks of untreated mental illness, helping jurors understand why the insanity determination has real-world implications without directly addressing disposition.

Preserving these issues serves not only the individual client, but also the broader project of developing a record demonstrating that juror misunderstanding is persistent, predictable and outcome-relevant.

Conclusion

The insanity defense exists to ensure that criminal punishment is reserved for those who are legally responsible for their conduct. When jurors reject insanity claims based on inaccurate fears about consequences, the legal standard is effectively replaced by speculation and anxiety.

Illinois's continued refusal to permit consequences instructions places it at odds with the majority of jurisdictions and with modern understanding of juror decision-making. A narrowly crafted instruction would promote accuracy, transparency and public confidence without intruding on the jury's fact-finding role.

If the justice system is committed both to accountability and to humane, evidence-based responses to serious mental illness, then jurors should not be asked to decide the most difficult questions in criminal law while being kept in the dark about what their verdicts actually mean. ■

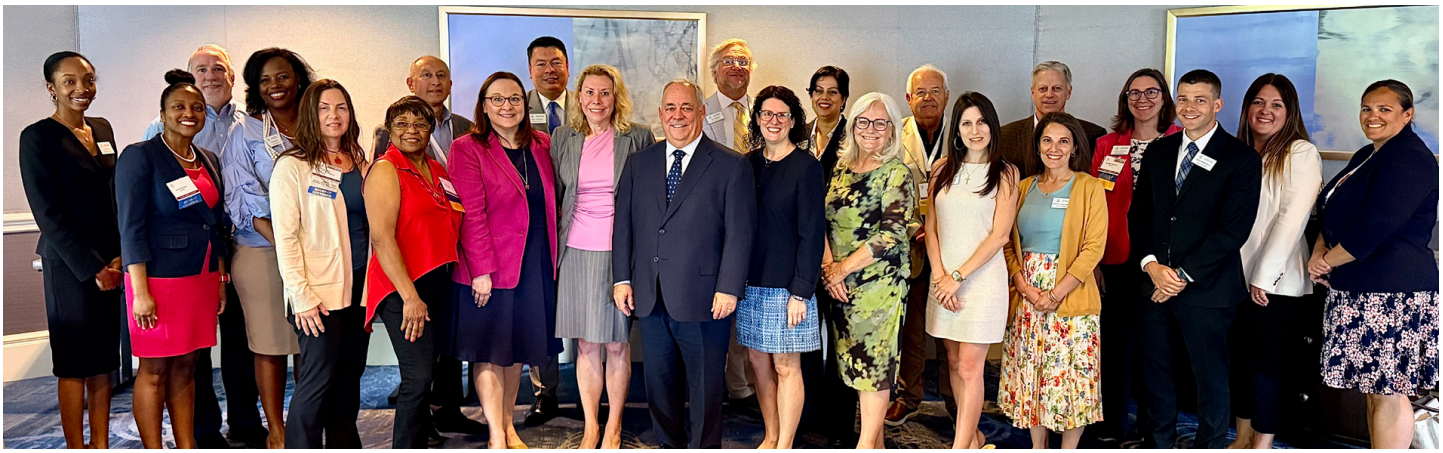
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1. *People v. McDonald*, 329 Ill. App. 3d 938 (1st Dist. 2002) (affirming denial of defense-requested nonpattern instruction explaining consequences of a NGRI verdict and reiterating that post-verdict disposition is not for the jury).
2. 720 ILCS 5/5-2-6(a).
3. See generally 730 ILCS 5/5-2-4 on proceedings after acquittal by reason of insanity.
4. 730 ILCS 5/526(a); *People v. Manning*, 227 Ill. 2d 403, 423-424 (2008).
5. Valerie P. Hans & Dan Slater, *"Plain Crazy:" Lay Definitions of Legal Insanity*, 7 Int'l J.L. & Psychiatry 127 (1984) (empirical demonstration of lay and juror misconceptions about legal standards for insanity); see also D. Slater & V.P. Hans, *Public Opinion of Forensic Psychiatry Following the Hinckley Verdict*, 141 Am. J. Psychiatry 675 (1984) (survey showing skepticism and misunderstanding about mental illness in legal contexts).
6. See, *e.g.*, *People v. McDonald*, at 947–48 (affirming refusal of a defense tendered nonpattern instruction on the consequences of an NGRI verdict); *People v. Meeker*, 86 Ill. App. 3d 162, 168–69 (5th Dist. 1980) (affirming refusal of defendant's tendered instruction regarding consequences of an NGRI verdict).
7. *Meeker,* at 169-171 (5th Dist. 1980); *People v. Aliwoli*, 238 Ill. App. 3d 602, 618 (1st Dist. 1992).
8. *People v. Gacho*, 122 Ill. 2d 221 (1988).
9. *People v. Taylor*, 166 Ill. 2d 414 (1995).
10. *McDonald*, at 947–48 (affirming refusal of defendant's tendered nonpattern instruction on the consequences of an NGRI verdict); *People v. Meeker*, 86 Ill. App. 3d 162, 168–69 (5th Dist. 1980) (same).
11. *People v. Glenn*, 233 Ill. App. 3d 666 (1st Dist. 1992).
12. See generally Stephen J. Morse, *Crazy Behavior, Morals, and Science: An Analysis of Mental Health Law*, 51 S. Cal. L. Rev. 527, 563-70 (1978).
13. Christopher Slobogin, *The Guilty But Mentally Ill Verdict: An Idea Whose Time Should Not Have Come*, 53 Geo. Wash. L. Rev. 494 (1985).
14. See Illinois House Debates, 82d Gen. Assem., May 19, 1981 (statements emphasizing confinement and public safety in adopting GBMI).
15. Attribution commonly made in Illinois criminal law instruction and CLE programs to Professor Richard Kling (ChicagoKent College of Law), using the phrase "guilty with pimples" to describe the practical effect of the GBMI verdict; see also practitioner discussions cited in Slobogin, *supra* note 13 (noting GBMI's largely symbolic effect).
16. See Richard J. Bonnie et al., *Mental Health and Criminal Justice: An Analysis of the GBMI Verdict* (Nat'l Inst. of Justice 1997).
17. ABA Criminal Justice Mental Health Standards § 7-6.3.
18. *Shannon v. United States*, 512 U.S. 573 (1994).
19. Cal. Penal Code § 1026; CALCRIM 3450.
20. Colo. Rev. Stat. § 16-8-105.5.
21. Conn. Gen. Stat. § 54-89a.
22. Fla. Std. Jury Instr. (Crim.) 3.6(b).
23. O.C.G.A. § 17-7-131.
24. Ind. Code § 35-36-2-4; *Passwater v. State*, 989 N.E.2d 766 (2013).
25. Ky. Rev. Stat. § 504.030; *Welborn v. Commonwealth*, 157 S.W.3d 608 (2005).
26. Md. Code, Crim. Proc. § 3-112.
27. Mass. Gen. Laws ch. 123, § 16; *Commonwealth v. Mutina*, 366 Mass. 810 (1975).
28. Mich. Comp. Laws § 768.36.
29. N.J. Stat. Ann. § 2C:4-8.
30. N.Y. Crim. Proc. Law § 330.10.
31. N.C.P.I. Crim. 304.10; *State v. Hammonds*, 290 N.C. 1 (1976).
32. Ohio Rev. Code § 2945.40.
33. 50 P.S. § 7402; *Commonwealth v. Mulgrew*, 380 A.2d 849 (Pa. 1977).
34. Tenn.Code Ann. § 33-7-303(e).
35. Ariz. Rev. Stat. § 13-502.
36. *McDonald*, at 947–48 (affirming refusal of defendant's tendered nonpattern instruction on the consequences of an NGRI verdict); *People v. Meeker*, 86 Ill. App. 3d 162, 168–69 (5th Dist. 1980) (same); *People v. Glenn*, 233 Ill. App. 3d 666 (1st Dist. 1992).
37. *State v. Becker*, 818 N.W.2d 135 (Iowa 2012).
38. *State v. Bethel*, 275 Kan. 456 (2003).
39. *State v. McLaughlin*, 265 S.W.3d 257 (Mo. Ct. App. 2008).
40. *State v. Burlison*, 255 Neb. 190 (1998).
41. *State v. Black*, 636 N.W.2d 406 (S.D. 2001).
42. Tex. Code Crim. Proc. art. 46C.154.
43. *Spruill v. Commonwealth*, 221 Va. 475 (1980).
44. *State v. Stoudamire*, 30 Wn. App. 41 (1981); interestingly, juries make dangerous determinations on the verdict form. See ARCW 10.77.510.
45. *People v. Glenn*, 233 Ill. App. 3d 666 (1st Dist. 1992).

2026 Annual Meeting

Illinois State Bar Association

June 11-12, 2026 | The Ritz-Carlton | St. Louis, Missouri


















ILLINOIS STATE BAR ASSOCIATION



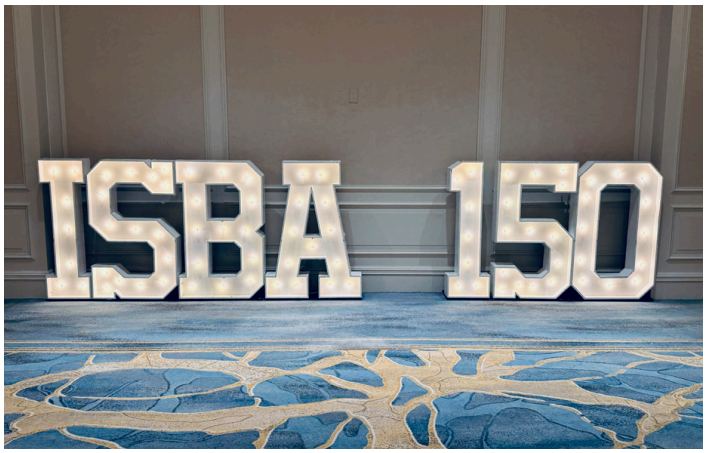











ISBA 150










ILLINOIS STATE
BAR ASSOCIATION


EXIT


SPEAKER
MODERATOR






ILLINOIS STATE
BAR ASSOCIATION

ISBA Group

HEALTH INSURANCE

We Need YOUR Help!

After a successful response to our initial member survey, the ISBA is moving on to the next phase of our project to explore the development of a group health insurance offering for members' law firms. While the project is progressing, we remain in the early stages with much work yet to be done, and we need your help.

Specifically, we need as many members as possible to fill out our ISBA Group Health Insurance Quote Form and securely submit it to KeyRisk Underwriters (the firm the ISBA has contracted with to assist with this project). The form collects basic information about your firm's employees and their dependents that are covered by the firm's current health insurance offering. Once we have collected as many forms as possible, KeyRisk Underwriters and the ISBA will use the aggregate data to begin discussions with health insurance carriers about coverage plans for ISBA members' firms.

How to Help in This Effort:

- Scan the QR code below or visit isba.org/group-health-ins to view our ISBA Group Health Insurance webpage.
- Download our ISBA Group Health Insurance Quote Form.
- Deliver the digital form to the staff member at your firm who is responsible for health insurance and/or human resources.
- Once the form is complete, upload it to KeyRisk Underwriters' secure document portal by using the link provided on the webpage and the form. **Do not send this form to the ISBA!**

isba.org/group-health-ins