STATE OF MINNESOTA
IN COURT OF APPEALS
A09-438

In the Matter of the Welfare of: G. S. G., Child

Filed November 10, 2009
Affirmed
Peterson, Judge

Hennepin County District Court
File No. 27-JV-08-9898

Lori Swanson, Attorney General, 1800 Bremer Tower, 445 Minnesota Street, St. Paul, MN 55101-2134; and

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Considered and decided by Bjorkman, Presiding Judge; Peterson, Judge; and Ross, Judge.

U N P U B L I S H E D O P I N I O N

PETERSON, Judge

In this appeal from an order certifying appellant for adult prosecution on first-degree murder charges, appellant argues that the district court (1) abused its discretion and deprived him of his due-process right to a fair hearing by excluding hearsay evidence and (2) abused its discretion by certifying appellant for adult prosecution when the state

failed to prove by clear and convincing evidence that retaining him in the juvenile system did not serve public safety. We affirm.

FACTS

The charges against appellant G.S.G. arose out of an August 6, 2008 incident in which appellant stabbed and beat his neighbor to death. In a statement to police, appellant reported that early one evening, the victim had touched appellant's penis and tried to pull down appellant's pants. Several hours later, appellant, who was 15 years old at the time, went to the victim's house and waited until the victim was alone. Appellant entered the victim's home, stabbed him repeatedly, and then choked him. Appellant was charged with first-degree premeditated murder, and the state moved to certify appellant for adult prosecution. The following evidence was presented to the juvenile court with regard to the certification motion.

Appellant's mother is Native American, and his father is Latino. His mother is a member of the Standing Rock Sioux Tribe, and appellant has lived in Minnesota and on the Standing Rock Indian Reservation in South Dakota. Appellant's father had difficulty finding work on the reservation, so he frequently returned to Minneapolis to work. When in Minneapolis, appellant's father often stayed with H.L.T., a family friend. Appellant sometimes accompanied his father to Minneapolis.

When appellant lived on the reservation, his mother and half-sisters used alcohol and drugs to excess and often physically abused appellant. Appellant began regularly using alcohol and marijuana when he was between eight and ten years old. Appellant, who was subjected to racial taunting by peers, was involved in numerous fights.

Appellant estimated that he was in about 30 fights on the reservation and admitted using weapons, including rocks, bricks, and glass bottles. Respondent joined the Bloods gang on the reservation and maintained his membership in the gang after moving to Minnesota in June 2007. While visiting his grandmother sometime between the fall of 2006 and the spring of 2007, appellant was sexually assaulted by his uncle, who penetrated appellant anally.

In March 2007, appellant was admitted to St. Alexius Medical Center for four days after he tried to commit suicide by hanging himself. Appellant was diagnosed with psychosis, not otherwise specified; rule out[1] schizophreniform disorder; rule out bipolar mood disorder with psychotic features; cannabis abuse; alcohol abuse versus dependence; nicotine dependence; rule out mood disorder, not otherwise specified; rule out substance-induced mood disorder; rule out substance-induced thought disorder; and conduct disorder, childhood onset. Appellant and his parents were uncooperative with treatment at St. Alexius. Michael Harris, a counselor who later treated appellant, testified that the treatment at St. Alexius was culturally insensitive.

At appellant's request, after his parents were incarcerated for federal narcotics conspiracy crimes in June 2007, appellant moved to Minneapolis to live with H.L.T., who also took in several other children from appellant's extended family. Appellant continued to get into physical altercations while living with H.L.T., including one

[1] A "rule out" diagnosis is made when there are substantial signs that a disorder is present, but the professional needs more information to rule out the existence of the disorder. It is commonly used when symptoms of a disorder have not been present for a sufficient length of time, not all symptoms are present, or symptoms are not interfering with an individual's life.

incident with a younger child in which appellant became so angry that H.L.T. left with the younger child out of fear for the younger child's safety.

When appellant went to live with H.L.T., he was regularly using alcohol and marijuana to excess. The juvenile court found:

> [H.L.T.] acknowledged that [appellant's] chemical use negatively impacted his life, saying it made him "not clear" and prevented him from completing school work. [H.L.T.] also said that [appellant] used drugs or alcohol in response to nightmares or stressful situations. . . .
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> Despite attempts to maintain sobriety or control his chemical use, treatment, and therapy to assist him, [appellant] had been unable to maintain sobriety before his incarceration. [Appellant] appeared at a therapy session . . . high on one occasion.

In September 2007, appellant was placed at the Fairview University Medical Center Dual Diagnosis Unit due to recurring marijuana use and thoughts of suicide. The juvenile court found:

> [Appellant] was quite oppositional and defiant, and very disruptive, flashing gang signals to several peers and was engaging and developing a relationship with several female peers much younger than he. Additionally, [appellant] did not grasp the severity of his chemical usage, as it was noted he has minimal insight. He completed inpatient treatment, and was discharged to intensive outpatient treatment on September 12, 2007. . . . [Appellant] ultimately had difficulty in outpatient treatment, as he refused to abide by a home contract and [H.L.T.'s] rules.

(Quotations omitted.)

Fairview gave appellant two discharge diagnoses, one on September 13, 2007, and one on September 27, 2007. The first diagnosed appellant with depressive disorder, not

otherwise specified; rule out post-traumatic stress disorder (PTSD), chronic; cannabis dependence; substance-induced mood disorder; rule out conduct disorder, adolescent-type onset; and rule out cluster B personality traits in axis II. The second diagnosed appellant with PTSD; marijuana abuse; polysubstance abuse, episodic; and rule out conduct disorder. The district court noted that appellant had a PTSD "diagnosis for nearly a year before the murder, although there have been multiple diagnoses after Fairview that do not include PTSD."

After completing the primary program at Fairview, appellant received ongoing therapy through the Indian Health Board (IHB). Appellant initially received treatment from Raphael Szykowski. In January 2008, appellant began receiving treatment from Michael Harris, the director of the IHB Counseling and Support Clinic. Harris's primary treatment goal was to improve appellant's relationship with H.L.T. Appellant and Harris became very close during their treatment, and appellant trusted Harris enough to tell Harris about the sexual assault by appellant's uncle. One week before the murder, Harris diagnosed appellant with mood disorder, not otherwise specified; PTSD; conduct disorder with onset prior to age 13; alcohol dependence; and cannabis abuse versus dependence. During this assessment, appellant agreed to see a psychiatrist and begin taking medications. Appellant started taking medications a few days before the murder, took no medication on August 6, 2008, and was not at full therapeutic dosage by August 7, 2008.

The diagnosis made one week before the murder differed from a diagnosis by Szykowski in December 2007 and by Harris in February 2008. Neither of the earlier

diagnoses included PTSD. Following appellant's arrest, Harris diagnosed appellant with PTSD, dysthymic disorder, sexual abuse of a child, physical abuse of a child, neglect of a child, developmental trauma disorder, and rule out reactive attachment disorder. The juvenile court found:

> Mr. Harris accounted for these differing diagnoses of [appellant] during his testimony in a few different ways. He first noted that diagnosing adolescents is more difficult than adults as they are "slippery" and in a state of "flux." He also pointed out that the DSM-IV, the manual which mental [health] professionals use to make psychiatric assessments, is not ideal for diagnosing adolescents because it lacks a "developmental perspective." Finally, Mr. Harris said that mental health diagnoses such as these change over time because they require looking at more than one area of an individual's life, which takes a great deal of time.
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> . . .
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> Mr. Harris noted that [appellant's] traumas have negatively impacted his life in numerous ways by altering his view of what is "normal." His life experiences have created his version of normal. He said that [appellant] finds it difficult to feel secure in relationships or know who to trust. His traumas have also caused him to anticipate and expect trauma, and leave him frequently in a "hyper vigilant" and continuously "anxious" state. They have also left him feeling like he is continuously in danger, but he only wants to address the problems himself.
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> Mr. Harris noted that he has been trying to challenge [appellant's] view of the world. [Appellant] is now more trusting than he once was and is trying to change his internal working model.

Following appellant's arrest, Dr. Dawn Peuschold completed a nonpresumptive-certification evaluation of appellant for the district court. Peuschold diagnosed appellant with alcohol and cannabis dependence, major depressive disorder, conduct disorder

childhood-onset type severe, and anxiety disorder not otherwise specified. Peuschold determined that appellant suffers from anxiety disorder, not otherwise specified, rather than PTSD. Peuschold explained that although appellant has some PTSD-like symptoms, she found that he did not satisfy all of the criteria required for a PTSD diagnosis. Regarding the diagnosis of conduct disorder, Peuschold believed that appellant's various behavioral issues, including fighting and chemical use that presented before he was 10 years old, satisfied the criteria for childhood-onset type. Peuschold told the juvenile court that individuals with childhood-onset conduct disorder, as opposed to adolescent onset, are more likely to reoffend and more likely to have the disorder persist into adulthood. Peuschold testified that among the individuals that she has examined, appellant's conduct disorder is in the upper end of severity. Peuschold found evidence of a "hostile attribution bias" within appellant, which means that he interprets individuals as having a hostile intent when they are simply acting in a neutral or accidental manner. A diagnostic tool that Peuschold used in evaluating appellant was the Structured Assessment of Violence Risk in Youth (SAVRY), which compares 24 factors in three areas of risk (historical, social/contextual, and individual/clinical) with six protective factors. Based on the SAVRY assessment, Peuschold concluded that appellant "appears to be at relatively high risk to reoffend violently." The juvenile court found:

> Dr. Peuschold's general synopsis of [appellant] was that his multitude of mental issues, in combination with his attitude about violence and high risk of violently reoffending, makes it very difficult to treat him generally, and impossible to do so within the juvenile system. She also noted that [appellant] has been on a "trajectory" towards major violence

> such as the charged offense for quite awhile, and he would require extensive programming to protect public safety.

Dr. James Gilbertson completed a psychological assessment of appellant at the request of appellant's attorney. Gilbertson diagnosed appellant with PTSD (complex type); depressive disorder, recurrent type; conduct disorder, adolescent onset; alcohol dependence, in current remission (controlled environment); and marijuana dependence, in current remission (controlled environment). The district court found:

> It appears that [appellant] was more detailed in his disclosures and conversation with Dr. Gilbertson than he was with Dr. Peuschold. For example [appellant] refused to discuss his sexual assault with Dr. Peuschold, but gave detailed information about it to Dr. Gilbertson. Dr. Gilbertson also had access to more materials than Dr. Peuschold had due to the timing of the reports and the information provided by defense attorneys to Dr. Gilbertson.

The district court made detailed findings on Gilbertson's PTSD diagnosis. The district court also noted the following observations by Gilbertson:

> [Appellant's] life has only been negatively impacted by the PTSD. He has a strong distrust of people that manifests itself in treatment attempts. He cannot regulate his anger, and he is not able to develop close relationships.
>
> He observed that [appellant] had developed coping skills for the physical abuse he experienced throughout his childhood, but had no such coping skills for the sexual assault. His coping skill for the violence was counter-aggression. He fought with everyone to show that he was tough and strong. This worked for him in his home, so he carried it into the world with him and used that counter-aggression everywhere he went. His history ties directly to the murder.
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> Counter-aggression is not less of a public safety risk than proactive aggression. Both can lead to extremely serious harm.

> [Appellant] did not have internal tools to prevent a deadly assault. Once he perceived a sexual assault, it set in motion the prior intrusive experience of the rape by his uncle. Even though [appellant] removed himself physically, he emotionally "looped" through the feeling of anger and rage for hours. He obsessed over the need to correct the situation and felt he had to neutralize the threat.

While incarcerated at the juvenile detention center following his arrest, appellant was written up for many incidents in September 2008, including writing graffiti indicating his gang affiliation, engaging in disrespectful behavior toward staff, calling an individual a "retard" and threatening to assault him, and threatening to fight another resident and use a weapon in the fight. The center's September 16, 2008 log noted that appellant "was 'really working on turning his attitude around.'" The November 3, 2008 log noted that appellant continued to defy staff directives and had been given numerous warnings for minor behavior. Appellant also had numerous uneventful days during which he was well-behaved.

The district court granted the state's motion for adult certification. This appeal followed.

D E C I S I O N

I.

"Evidentiary rulings rest within the sound discretion of the [district] court and will not be reversed absent a clear abuse of discretion. On appeal, the appellant has the burden of establishing that the [district] court abused its discretion and that appellant was thereby prejudiced." *State v. Amos*, 658 N.W.2d 201, 203 (Minn. 2003) (citation omitted). When conducting a certification hearing, "[t]he court may receive any

information, except privileged communication, that is relevant to the certification issue, including reliable hearsay and opinions." Minn. R. Juv. Delinq. P. 18.05, subd. 4(B).

Because appellant's parents were incarcerated and could not testify at the certification hearing, appellant sought to introduce taped and transcribed statements by his parents that were taken by an investigator for appellant's counsel. The statements included background information about appellant's life before he began living with H.L.T. The district court found the statements unreliable and excluded them from evidence, explaining:

> They weren't signed; therefore, they were not adopted by the witnesses who [the investigator] had the conversations with. And, in fact, it doesn't appear they were even reviewed. I understand part of that is these people are far away, but they didn't review them for accuracy. Obviously, they weren't placed under oath. There's no cross-examination possible of the declarants. And they weren't describing events that were fresh to them; they were describing, really, lifetime issues of whether it applied to them. And the statements, ultimately, were taken by someone who was associated with a party, someone working directly for [appellant] which, frankly, under the Rules of Evidence and hearsay rules, is a deterrent to the reliability.
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> The question that I have to answer is whether there's sufficient indicia of reliability at the time the statements are made, and not whether the facts are corroborated. I mean, I agree . . . that what they say is probably true. But the statements, themselves – it's not whether they're corroborated by the witnesses who have already testified, or by what [appellant] might say or may have told the other witnesses, but whether, at the time the statements are made, there is a reliability.

> And I find that they're not reliable because they were taken in direct preparation for litigation, primarily relatives who have a bias and a reason to want to help [appellant].[2]

Caselaw supports the district court's determination of unreliability. *See State v. Bernardi*, 678 N.W.2d 465, 470 (Minn. App. 2004) (factors supporting unreliability determination included fact that statement was not particularly fresh in time and was taken by someone associated with one of the parties). The statements were taken under circumstances that provided little assurance of reliability. The statements were recorded, which provided some assurance that the witnesses made the statements that were attributed to them, and there was corroboration for some of what was said in the statements. But this is not a sufficient basis for us to conclude that the juvenile court clearly abused its discretion by finding that the statements were not reliable hearsay.

Appellant had also intended to call a witness to testify about appellant's family history, including the prevalence of rape, and how intergenerational trauma affected appellant and tied into this case. But because the witness was ill at the time of trial, appellant instead sought to introduce a 103-page report by Amnesty International, titled *Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the USA*, which included excerpts about the Standing Rock Reservation.

The juvenile court determined that the report was not admissible under Minn. R. Evid. 803(18). That rule provides that the following statements are not excluded from evidence by the hearsay rule:

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[2] When the district court initially ruled that the parents' statements were inadmissible, the court believed that the statements had not been recorded. After learning that the statements had been recorded, the district court declined to change its ruling.

> To the extent called to the attention of an expert witness upon cross-examination or relied upon by the expert witness in direct examination, statements contained in published treatises, periodicals, or pamphlets on a subject of history, medicine, or other science or art, established as a reliable authority by the testimony or admission of the witness or by other expert testimony or by judicial notice. If admitted, the statements may be read into evidence but may not be received as exhibits.

The district court found:

> [E]ven if [appellant's intended witness] were testifying, going back to the exact same rule that [appellant's counsel] started reading from, the Rule of Evidence 803, Subd. 18, the article would never have been admissible even if [the witness] testified because that rule ends by stating, "statements can be read into evidence that may not be received as exhibits," and those statements were from inside of a larger publication that the expert relied on.
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> And so I would not have been able to accept that article into evidence, as a whole anyway, under that Rule of Evidence. And I couldn't find any other Rule of Evidence that applied to the admissibility of publications, only to foundation. And, I agree, I can take judicial notice that that's a learned treatise, but it doesn't make it admissible, itself."

Appellant cites no authority showing that the district court erred in its analysis of rule 803(18) and does not cite any other rule of evidence that applies to the Amnesty International publication. Therefore, we conclude that appellant has not met his burden of demonstrating that the district court clearly abused its discretion in refusing to admit the publication, and we affirm the district court's evidentiary rulings.

II.

"A district court's decision to certify a juvenile for adult prosecution is entitled to considerable latitude." *In re Welfare of H.S.H.*, 609 N.W.2d 259, 261 (Minn. App. 2000)

(quotation omitted). We will not reverse a "certification order unless the district court's findings are clearly erroneous so as to constitute an abuse of discretion." *Id.* (quotation omitted). "For purposes of the certification hearing, the charges against the child are presumed to be true." *In re Welfare of N.J.S.*, 753 N.W.2d 704, 708 (Minn. 2008).

When a child who is more than 14 years of age but under age 16 is alleged to have committed an offense that would be a felony if committed by an adult, the juvenile court may enter an order certifying the juvenile proceeding for adult prosecution only if "the prosecuting authority has demonstrated by clear and convincing evidence that retaining the proceeding in the juvenile court does not serve public safety." Minn. Stat. § 260B.125, subds. 1, 2(6)(ii), 3 (2008). The certification statute sets out the following six factors that the district court must consider when determining whether retaining the proceeding in juvenile court serves public safety:

> (1) the seriousness of the alleged offense in terms of community protection, including the existence of any aggravating factors recognized by the Sentencing Guidelines, the use of a firearm, and the impact on any victim;
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> (2) the culpability of the child in committing the alleged offense, including the level of the child's participation in planning and carrying out the offense and the existence of any mitigating factors recognized by the Sentencing Guidelines;
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> (3) the child's prior record of delinquency;
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> (4) the child's programming history, including the child's past willingness to participate meaningfully in available programming;
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> (5) the adequacy of the punishment or programming available in the juvenile justice system; and
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> (6) the dispositional options available for the child.

Id., subd. 4 (2008). The statute also states, "In considering these factors, the court shall give greater weight to the seriousness of the alleged offense and the child's prior record of delinquency than to the other factors listed in this subdivision." *Id.* If the district court decides not to order certification, it may designate the proceeding as an extended jurisdiction juvenile prosecution. *Id.*, subd. 8 (2008).

The purpose of the public-safety factors is to determine whether the child presents a risk to the public and whether the child is likely to reoffend. *H.S.H.*, 609 N.W.2d at 262. Certification is appropriate if, in the end, the factors "show that a risk to public safety exists because the juvenile's behaviors are likely to continue." *Id.*

1. Seriousness of offense

The district court found that appellant committed a sophisticated crime; after waiting several hours and considering and rejecting several options short of killing the victim, appellant entered the victim's house with a weapon to kill him. The district court noted that the victim had made a sexual advance toward appellant and that appellant's "learned hyper-vigilance and counter or reactive aggression tendencies would likely be activated by another sexual advance."

The district court found that the offense was committed with "particular cruelty." Minn. Sent. Guidelines II.D.2.b(2) (2008). Appellant "stabbed the victim multiple times, struck him with a blunt force object like a hammer, and choked him while the victim was sleeping and intoxicated in his home. There are over 20 separate injuries documented in the autopsy report and at least two of them involved major organs." *See State v. Vogelpohl*, 326 N.W.2d 635, 636 (Minn. 1982) (striking victim eight times in head with

hammer and stuffing victim's mouth with paper to avoid hearing dying sounds constituted particular cruelty); *State v. Rathbun*, 347 N.W.2d 548, 548 (Minn. App. 1984) (stabbing drunk victim 23 times showed particular cruelty).

The district court found a second aggravating factor present because appellant committed the offense in the victim's zone of privacy. *See State v. Van Gorden*, 326 N.W.2d 633, 635 (Minn. 1982) (stating that commission of crime in victim's home can be an aggravating factor); *State v. Bock*, 490 N.W.2d 116, 121 (Minn. App. 1992) (upholding zone of privacy as aggravating factor in murder case), *review denied* (Minn. Aug. 27, 1992).

The district court found that a third aggravating factor, particular vulnerability due to intoxication, may have been present. The victim was intoxicated, but it was not clear whether "the victim's intoxicated state played a significant factor in [appellant's] ability to commit this offense, but it may have played a role." For a victim to be particularly vulnerable due to intoxication, the intoxication must be a substantial factor in the commission of the offense. *See Ture v. State*, 353 N.W.2d 518, 522 (Minn. 1984) (intoxication may make a victim particularly vulnerable); *State v. Gardner*, 328 N.W.2d 159, 162 (Minn. 1983) (stating that particular vulnerability is only aggravating factor if vulnerability was a significant factor in commission of offense).

The district court also noted that although appellant did not use a firearm, "the weapons that were used required more up close contact and interaction during the attack." The district court found, "Overall, it is clear that this is a very serious offense. [Appellant] is accused of committing a 'heinous offense' with at least two and possibly

three aggravating factors present. Therefore, this factor weighs strongly in favor of certification."

Appellant concedes that this factor weighs in favor of certification and argues only that because the evidence suggested that appellant presented a threat only to someone who sexually assaulted him, this factor does not weigh as heavily as in a case where the victim was chosen at random. The juvenile court's findings demonstrate that the court did not weigh this factor as if the victim was chosen at random. The court specifically noted that appellant's reactive aggression tendencies would likely be activated by another sexual advance.

2. Child's culpability

Based on its findings that appellant was the sole actor, acted intentionally, admitted committing the offense of his own volition, and admitted that the victim was not an aggressor at the time of the offense, the district court found that this factor weighs in favor of certification. Appellant argues that because his offense was triggered by PTSD and was in response to a sexual assault, the district court should have determined that this factor was neutral.

The district court rejected appellant's claims that his culpability was mitigated by the victim's sexual advance or by appellant's traumatic history. The district court noted that there were several hours between the sexual advance and the murder and found that the record contained "no evidence that murder is an appropriate or legal response to an unwanted sexual touch in [appellant's] culture, and any 'cultural differences' do not mitigate [appellant's] actions."

Regarding appellant's mental health, the district court found:

> [D]espite the extensive testimony heard about [appellant's] mental problems, at no point did any professional contend that [appellant] was ever deprived of control over his actions during this offense.
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> Additionally, the presence of multiple serious mental health problems does not require a court considering a certification motion to find those problems mitigate a juvenile's culpability.
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> Finally, Dr. Gilbertson testified that [appellant's] actions were not excused by any of [appellant's] mental disorders.
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> . . . [Appellant] suffers from some significant mental disorders which may mitigate his conduct to some degree, but a balance of those disorders with his actions weighs in favor of certification.

(Citations omitted.)

Appellant does not identify any error in the district court's analysis. Instead, he simply argues that the district court should have reached a different decision with respect to this factor.

3. Prior record of delinquency

The district court found that this factor weighed "strongly against certification, and is given greater weight by statute." Appellant does not challenge the district court's finding with respect to this factor.

4. Programming history

After making detailed findings about appellant's multiple educational placements and individual education plans and the treatment programs that appellant had participated in, the district court found:

> Overall, [appellant] has been resistant to or failed almost all programming offered to him. Interventions by St. Alexius, Fairview, and different school choices all fell short. Additionally, even though he made some progress at the IHB, he was initially unwilling to do treatment with that agency, only engaged in treatment when Mr. Harris methodically created a safe haven for him, and still committed this serious offense after a lengthy period of out-patient treatment. Overall, this factor weighs in favor of certification.

The district court also found that appellant was less likely to succeed in treatment because he denied and minimized his culpability for the offense and that his history indicated a lack of motivation to benefit from treatment.

Appellant argues that because he has never received appropriate programming and he responded well to treatment with Harris, this factor supports retaining him in the juvenile system. Appellant contends that until he began seeing Harris, he had no therapy to address his PTSD, which was the root of his issues, and all of the experts agree that he should have been receiving more intensive treatment. But there were conflicting expert opinions about whether appellant suffered from PTSD, and appellant does not cite any evidence that other treatment could not occur before his PTSD was successfully treated. There is extensive evidence of appellant's failures to meaningfully participate in treatment that supports the district court's finding that this factor supports certification.

5 and 6. Adequacy of juvenile justice punishment or programming and dispositional options

The final two factors that the district court must consider are often considered together. *See In re Welfare of D.T.H.*, 572 N.W.2d 742, 744 (Minn. App. 1997), *review denied* (Minn. Feb. 19, 1998). The district court made extensive findings on the conflicting expert opinions about the amount of time needed to treat appellant and the programs available at three juvenile facilities and at the adult correctional facility where appellant would be sent if certified and convicted. The evidence supports those findings, and those findings support the determination that factors five and six weigh in favor of certification. Appellant's argument that there are sufficient time and adequate placement options within the juvenile system for rehabilitating appellant is essentially an argument that the district court should have found different expert opinions credible. When experts differ in their recommendations, the district court has discretion to determine their credibility and consider their recommendations accordingly. *In re Welfare of M.D.O.*, 462 N.W.2d 370, 374-75 (Minn. 1990). The certification order demonstrates that the district court considered the opinions of all the experts before finding that the fifth and sixth factors weigh in favor of certification, and although appellant disagrees with the district court's finding, he has not identified any basis for us to conclude that the district court erred.

Appellant has not shown that the district court abused its discretion by granting the motion for adult certification.

Affirmed.