

STATE OF ILLINOIS )  
FOID CARD REVIEW BOARD ) FOID Request for Relief: # \_\_\_\_\_  
REQUEST FOR RELIEF )

**Law Enforcement Expedited Relief**

430 ILCS 65/10(c-5)

**AFFIDAVIT**

The undersigned, \_\_\_\_\_, being first duly sworn  
(print full legal name)

Upon oath, states as follows:

1. I am employed as a law enforcement officer by a unit of government in the State of Illinois.
2. My employer is \_\_\_\_\_.
3. My job title is \_\_\_\_\_.
4. My employment requires the possession of a firearm.
5. I have not received treatment involuntarily at a mental institution (regardless of the length of admission).
6. I have not been voluntarily admitted to a mental institution for more than thirty (30) days.
7. I have not been voluntarily admitted to a mental institution for more than one (1) incident in the last five (5) years.
8. I did not leave the mental institution against medical advice.
9. I understand that the Illinois State Police will take no action on my appeal until I have met all the requirements outlined in 430 ILCS 65/10(c-5) and 20 Ill. Admin Code 1230.70, including the submission of all required documentation.

**FURTHER AFFIANT SAYETH NOT.**

\_\_\_\_\_  
Signature

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public