

FOID Card Review Board
Mental Health Admission / Clear & Present Danger Incident Less Than 5 Years
Request for Relief Checklist

Pursuant to: 430 ILCS 65/10(f) and 20 Ill. Admin. Code 3500.200

Instructions: If your Firearm Owner's Identification (FOID) Card was revoked or your FOID Application was denied because less than five years ago you were a patient in a mental health facility and have not previously had your firearm possession rights restored through administrative or judicial action pursuant to the FOID Act, you are not permitted to obtain a Firearm Owner's Identification Card unless you receive such relief. You are NOT required to request relief at this time; however, when you do so, the information listed below must be provided:

1. *If your FOID card was revoked*, the first step in seeking relief is to surrender your FOID Card and a completed [Firearm Disposition Record](#), documenting the transfer of all firearms in your possession. This should have been completed within 48 hours of the revocation consistent with 430 ILCS 65/9.5. If you have not completed this step, you may find a copy of the required form on the FOID Card Review Board Website at the Forms and Checklists tab.

If your FOID card was denied, you may skip this step.

2. Once you have completed step one, you will need to complete a Request for [Request for FOID Relief and Reinstatement of Firearms Rights](#) form. This form can be obtained on the FOID Card Review Board Website at the Forms and Checklists tab. As a part of this form, you will need to prepare a statement in your own words, which is signed and dated, that contains the following:
- A. Details and circumstances regarding:
- 1) any and all mental health admissions;
 - 2) your current mental status and condition;
 - 3) your mental health history, including any prior treatment or admissions; and
 - 4) whether you complied with treatment and/or medications.
- B. You must also include:
- 1) the dates and details of all actual or alleged acts of suicide or violence;
 - 2) whether law enforcement was involved;
 - 3) whether the courts were involved; and
 - 4) whether medical personnel were involved.
- C. If law enforcement, the courts or medical personnel were involved, you must also include the date(s) of each incident along with the name/address of each agency; the date(s) of each legal action and the county and state where such records are held; and who provided the medical care and where they are located.
- D. Any other proof to support your suitability for the restoration of your firearm rights including evidence that you will not be likely to act in a manner dangerous to public safety and that granting relief would not be contrary to the public interest.
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Additionally, you will need to **request that the following be sent *directly* to the FOID Card Review Board from those in possession of the documents:**

3. All psychiatric and counseling records related to mental health diagnosis or treatment (including emergency room, inpatient, rehabilitation, detoxification, partial inpatient, and outpatient) provided to you during the past five years.

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Documentation must contain your full name and date of birth and be sent to: FCRB.ReliefRequest@illinois.gov

If you are unable to submit forms electronically, please contact the FOID Card Review Board at (217) 524-1762.

- 4. A current (within 45 days of ISP's receipt), forensic evaluation on the required form from an Illinois licensed psychiatrist or clinical psychologist not affiliated with your employer. A copy of the [FOID Relief Forensic Evaluation](#) form required for this evaluation is available on the FOID Card Review Board Website at the Forms and Checklists tab.
- 5. Certified copies of all court records that address your mental status or allegations you were threatening to harm yourself or others, engaged in violence, or abused alcohol or drugs (including family court and petitions for protective orders or involuntary admission or treatment); or a statement from you affirming no such records exist.
- 6. At least two current (within 45 days of ISP's receipt), notarized, signed and dated letters from adults *who are aware of the circumstances regarding the revocation of your FOID card* that states:
 - A. Their full name, date of birth, and relationship to you;
 - B. Their knowledge of the circumstances regarding the revocation of your FOID card;
 - C. Their opinion of your current mental health condition and risk of dangerousness to yourself or others; and
 - D. Their opinion as to whether your possession of a firearm would be contrary to the public interest.
- 7. If the possession of a FOID card is an employment issue for you, you must provide the [Firearm Requirement for Employment Certification](#) from an authorized representative of your employer or a letter from your employer on official letterhead (signed and dated) that provides:
 - A. The current status of your employment;
 - B. Your job title;
 - C. Records of any discipline or investigation regarding the revocation of your FOID card; and
 - D. Your employer's opinion as to your suitability to possess a firearm.

A copy of the form for this purpose can be obtained on the FOID Card Review Board Website at the Forms and Checklists tab.

Please Note: All statements written by others on your behalf must be signed, dated and notarized. You are encouraged to use this as a checklist because the appeal process will not begin until the FOID Card Review Board has received all the necessary documentation. It is your responsibility to provide or arrange for the above documents to be provided to the FOID Card Review Board. Upon receipt of all the documents listed above, your application will be actioned. Submission of the above documents does not guarantee the granting of relief; however, it is required to begin the review process.