

FOID Card Review Board

Request for FOID Relief and Reinstatement of Firearms Rights

Pursuant to 430 ILCS 65/65/10(a), 10(c), 10(c-5), 10(c-10), or 10(f), I, _____, am petitioning for relief from any legal prohibitors to my right to possess firearms. If my card was revoked, I understand **I must comply with Section 9.5 of the FOID Act** and submit all requested documentation before my request will be considered.

By completing and signing this form, I am requesting relief from the FOID Card Review Board (FCRB)¹ because (mark all that apply):

- my FOID Card application was denied; my FOID Card was revoked; my FOID Card was seized;
- I am prohibited from acquiring a Firearm Owner's Identification Card under Section 8 of the FOID Act;
- I am not an Illinois Resident but am prohibited from possessing a firearm under Sections 24-1.1 or 24-3.1 of the Criminal Code of 2012 due to an Illinois firearms prohibitor.

Additionally, I am providing the following personal statement regarding my request for relief.² Attach additional pages as necessary.

¹ **Please Note:** If you do not believe your FOID Card was appropriately revoked or your FOID Card application was appropriately denied or was not acted upon within 30 days of its receipt, then you may file a record challenge with the Illinois State Police.

² *This should be a statement in your own words and contain the information outlined on the appropriate checklist. Please refer to the FOID Card Review Board webpage and select the Forms & Checklists tab for additional instruction.*

This form must be completed, signed, dated, and returned to: FCRB.ReliefRequest@illinois.gov
If you are unable to submit forms electronically, please contact the FOID Card Review Board at (217) 524-1762.

Upon submitting all requested material:

I understand if the FCRB is satisfied there is sufficient evidence to consider whether I have met my burden of proof under Section 10(c) of the FOID Act, the FCRB will consider all information provided by me, as well as the Illinois State Police, prior to issuing a final administrative decision. If the FCRB is not satisfied there is sufficient evidence, I will be afforded the opportunity to request a hearing before the Board.

I grant my authorization to the FCRB to investigate my eligibility for relief from a firearms prohibitor under the FOID Act, as well as to any individual, organization, agency, or provider that maintains records relating to me to provide any records relevant to such investigation to any agent of the FCRB upon their request. The intent of this authorization is to give my consent for full and complete disclosure (verbal and documentary) of medical records (including but not limited to mental health & drug/alcohol abuse records), criminal and law enforcement records, court records, internal investigation and disciplinary records, military records, employment records, background reports, and complaints regardless of whether said records and information are of a private, public or confidential nature for purposes of investigating my eligibility for the requested relief pursuant to Section 10 of the FOID Act.

By requesting this appeal, I specifically acknowledge that I have waived my rights under the Health Insurance Portability and Accountability Act (HIPAA), as well as my rights under any state statute governing the confidentiality of medical records, including but not limited to the *Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/5)*. I certify that any person or entity that may obtain, furnish, or exchange such information concerning me shall be held harmless and not liable for providing this information. I do hereby release from all liability and promise not to sue said persons or entities, the FCRB, its agents and designees on account of or in connection with any claims, causes of action, injuries, damages, costs, or expenses arising out of the furnishing or exchanging of information.

I affirm that I have legal authority to execute this release in that I am the subject of such records. A photocopy and/or an electronic copy of this release form will be valid as an original thereof, even though said photocopy and/or electronic copy does not contain an original writing of my signature.

I understand that:

- I have the right to revoke this consent in writing at any time; regardless, this consent shall terminate upon expiration of my FOID card; and
- I have the right to inspect and copy any information that is disclosed pursuant to this release.

I have read and fully understand the contents of this "Request for Relief and Reinstatement of Firearms Rights."

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Address, City, State, Zip: _____

Last Four SS#: XXX-XX-_____ Other Names Used: _____

Signature of Parent/Guardian of Minor: _____

Printed Name: _____ Date: _____