

FOID Card Review Board

Request for Hearing

Pursuant to 430 ILCS 65/65/10(a), 10(c), 10(c-5), 10(c-10), or 10(f), I, _____, am requesting a hearing before the FOID Card Review Board. If my card was revoked, I understand **I must comply with Section 9.5 of the FOID Act** and submit all requested documentation before my request will be considered.

Following the hearing, I understand the FOID Card Review Board will issue a final administrative decision within 45 days after the conclusion of the hearing. I understand the FOID Card Review Board will consider the entire record as well as my testimony in rendering their decision. I understand decisions rendered under this process are subject to the provisions of the Illinois Administrative Procedure Act (50 ILCS 100/10-50).

I understand that if I wish to seek appeal a final administrative decision of the FOID Card Review Board:

- Every action seeking review of such final decision shall be commenced by the filing of a Complaint and the issuance of Summons in the Circuit Court within 35 days from the date a copy of the decision was served upon the parties;
- In any action seeking review, I must name in the Complaint, and issue a Summons for, each party of record to the case other than myself; and
- I am not required to file any motion or request for reconsideration with the FOID Card Review Board or Illinois State Police before filing my action for review in the Circuit Court.

I understand that I am not required to have an attorney, but if I elect to do so, it shall be at my own expense. In addition, I hereby certify my email address is _____ (type or print carefully) and agree to electronic service at that address.

I affirm that I have access to a computer with an internet connection and my telephone number is: _____ (type or print carefully), which can also be used for a hearing, if necessary.

I have read and fully understand the contents of this "Request for Hearing".

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: _____