

Illinois State Police Office of Firearms Safety FOID Appeal Requirements/Checklist

Firearms Prohibitor – Mental Health Admission More Than 5 Years Pursuant to: 430 LCS 65/8(u)

<u>Instructions:</u> If your Firearm Owner's Identification (FOID) Card was revoked or your FOID Card Application denied because more than five years ago you were a patient in a mental health facility and have not previously had your firearm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 your firearms rights are restored.

| 1. | If your FOID card was revoked, the first step in seeking relief is to surrender your FOID Card and a completed |
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| | 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 Office of Firearms Safety 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 must receive a mental health evaluation by an Illinois licensed physician, clinical psychologist, or qualified examiner as those terms are defined in the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-122), and a certification that you are not a clear and present danger to yourself or others.

If your physician or clinical psychologist reviews the documentation regarding your hospitalization, assesses your current mental health status, and agrees you meet the conditions set forth in the form, they can complete the Mental Health (C&P) Certification form, which is available on the Office of Firearms Safety Website at the Forms and Checklists tab.

This form must be returned directly to the Illinois State Police by the examiner and may not be sent by you.

<u>Please Note:</u> Upon receipt of a properly completed Mental Health (C&P) Certification form, your application will be actioned as soon as possible; however, the Department is unable to provide a specific time frame for when the review will be complete. Nevertheless, you will be notified once the decision has been made or if additional information is needed.

Documentation must contain your full name and date of birth and be sent to: Illinois State Police

Illinois State Police
Office of Firearms Safety

801 South Seventh Street, Suite 600-S

Springfield, Illinois 62703-2487

Or by email at:

ISP.FOID.Appeals@illinois.gov