



# Mental Health Certification For Firearm Possession

## (Mental Health Admission More than 5 years ago)

**Pursuant to: 430 ILCS 65/4(a)(2)(iv) and 430 ILCS 65/8(u)**

**Instructions:** This certification form must be completed by an Illinois licensed physician, clinical psychologist or qualified examiner as defined in 405 ILCS 5/1-122 (hereinafter referred to as "Evaluator") and **returned directly to** the:

Illinois State Police  
Office of Firearms Safety  
801 South Seventh Street, Suite 600-S  
Springfield, Illinois 62703-2487

1. The Evaluator completing this form must have:
  - **First**, reviewed all collateral mental health information supplied by the applicant and others, and
  - **Then**, performed a mental health evaluation of the petitioner prior to completing the form.
2. **Do not** give the original form to the petitioner; please, mail it **directly** to the Illinois State Police.

<b>NAME OF FOID CARD PETITIONER:</b> _____ <div style="text-align: center; font-size: small;"><i>Last, First, Middle Initial</i></div>	<b>DATE OF BIRTH:</b> ____/____/____
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Certification of Evaluator	
By my signature below, I affirm: <ul style="list-style-type: none"> <li>• I am a physician, clinical psychologist or qualified examiner as defined in 405 ILCS 5/1-122;</li> <li>• I have reviewed all documentation provided, and I have consulted relevant collateral sources;</li> <li>• I have administered (or overseen the administration of) the mental health evaluation of the petitioner;</li> <li>• I have personally assessed this petitioner for risk of suicidal or homicidal ideation and/or any threat of violence to their intimate partner, family, self, and others; and</li> <li>• I have determined with a reasonable degree of medical certainty:</li> </ul>	
<b>1. The petitioner is a serious threat of physical violence against a reasonably identifiable victim.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2. The petitioner poses a clear and imminent risk of serious physical injury to themselves or another person.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3. The petitioner demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>4. Explanation/Comments:</b>          	

Evaluator		
Name of evaluator (please print):	Signature:	Date:
Professional License #:	State of Issuance:	NPI#:
Printed Address:	Telephone (voice):	Fax: