



Illinois State Police – Firearms Services Bureau

REQUEST FOR FOID APPEAL

Pursuant to: 430 ILCS 65/8; 430 ILCS 65/9.5; and 430 ILCS 65/10

I, _____, am requesting the Illinois State Police, Firearms Services Bureau,
(print full name)

Appeals Section conduct a review of the:

- Revocation of my FOID card # _____ (OR)
- Denial of my FOID Application # _____

By completing and signing this form, I am appealing to the Director of the Illinois State Police the denial/revocation of my FOID card. In revocation cases, I understand I **must surrender my revoked FOID card** to my local law enforcement agency and **complete a Firearm Disposition Record form** before my appeal will be considered. Further, I understand my review will not occur until all requested documentation is received by the Illinois State Police, Firearms Services Bureau, Appeals Section.

- I am requesting relief from the firearm prohibitor _____, for which my FOID card/application was revoked/denied. (OR)
- I am challenging the accuracy of the record(s) used to deny/revoke my FOID card and I am providing certified court documents to correct my criminal history record or other documentation to correct the decision. In addition, I am providing the following personal statement regarding the denial/revocation of my FOID card.

Describe the reason for your appeal and, if applicable, the information you are providing to correct your criminal history record. You may attach additional pages as needed.

Printed Name: _____ Date of Birth: _____

Signature _____ Date: _____

Street Address: _____ Email Address: _____

Please Note: Pursuant to 430 ILCS 65/10 (a), you must appeal to the circuit court in your county of residence, not to the ISP, if your FOID card was denied or revoked for any of the following reasons: forcible felony, stalking, aggravated stalking, domestic battery, any violation of the Illinois Controlled Substances Act, the Methamphetamine Control and Community Protection Act, or the Cannabis Control Act that is classified as a Class 2 or greater felony, any felony violation of Article 24 of the Criminal Code of 1961 or the Criminal Code of 2012, or any adjudication as a delinquent minor for the commission of an offense that if committed by an adult would be a felony.

This form must be completed, signed, dated, and returned to: Illinois State Police
ATTN: FIREARM APPEALS UNIT
801 South 7th Street, Suite 400-M
Springfield, IL 62703