



## Firearm Owner's Identification Card - Appeal Requirements

### 430 ILCS 65/10

#### 20 Ill. Admin. Code 1230.70(d)(5)

If your Firearm Owner's Identification (FOID) card application was denied or your card has been revoked, you may appeal to the Director of the Illinois State Police for relief. **Your appeal will NOT be reviewed until ALL of the documentation listed below is submitted to the Firearms Services Bureau Appeals Unit.** You may be required to submit additional documentation at the request of the Appeals Unit.

#### **PETITION FOR RELIEF – CLEAR AND PRESENT DANGER**

430 ILCS 65/8(f) – A person whose mental condition is of such a nature that it poses a clear and present danger to the applicant, any other person or persons or the community.

430 ILCS 65/1.1 – "Clear and present danger" means a person who:

- (1) communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or
- (2) demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.

1. Revoked FOID cards (if applicable) must be surrendered and the Firearm Disposition Record (FDR) form must be presented to the local law enforcement agency where you reside. The Firearms Services Bureau must receive the card, receipt from law enforcement agency or affidavit and the FDR signed by a law enforcement officer to process your appeal.  
Forms can be found at: <https://ispfsb.com/Public/Firearms/FOID/LostFOIDAffidavit.pdf>  
<https://ispfsb.com/Public/Firearms/FOID/DispositionRecord.pdf>
2. **Completed Request for FOID Appeal form.**  
Forms can be found at: <https://ispfsb.com/Public/Firearms/FOID/AppealRequest.pdf>
3. **Completed Request for Investigation and Waiver of Liability form.**  
Forms can be found at: <https://ispfsb.com/Public/Firearms/FOID/Investigation.pdf>
4. **Notarized, signed and dated, statement in your own words**, including the following information:
  - a. Details, circumstances and examples refuting the finding you present a clear and present danger.
  - b. Statements regarding any arrests or criminal history that may be in your background.
  - c. Statements or other proof to support your suitability for the restoration of your firearm rights including how your criminal history and reputation are such that you are not likely to act in a manner dangerous to public safety.
5. **Any mental health hospitalization or outpatient treatment records.** (Includes emergency room visits, inpatient hospitalization, partial inpatient treatment programs, and outpatient counseling) If no records exist, please indicate so within your notarized statement.
6. **Certified copies of all court records** that address your mental status or allegations you were threatening to harm yourself or others, or you engaged in violence. If no records exist, please indicate so within your notarized statement.
7. **At least two current (within 45 days), notarized letters from adults** (signed and dated), stating:
  - a. His/her full name, date of birth, and relationship to you;
  - b. His/her opinion of your current suitability to possess firearms;
  - c. His/her knowledge of your request to seek relief from a firearm prohibitor related to your clear and present danger finding and addressing your current mental state.
8. **A current forensic evaluation or letter from an Illinois licensed psychiatrist or clinical psychologist.** See reverse for details.
9. Any additional documentation you wish to offer to assist the Illinois State Police in making a determination of your suitability to obtain a FOID card and possess firearms.

Incomplete or inadequate documentation may delay processing or result in the denial of your request. If your request for an appeal/relief is denied, you will be offered the opportunity for an Administrative Hearing. *All documents must contain your full name and date of birth, and must be sent to:*

Illinois State Police - Office of Firearm Appeals  
801 South Seventh Street Suite 400-M  
Springfield, Illinois 62703-2487



**Illinois State Police**  
**Minimum Documentation for Relief from**  
**Clear and Present Danger Prohibitors to FOID Card Possession**

**Illinois Psychiatrist or Licensed Clinical Psychologist's Evaluation or Letter Requirement**

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As required in Section 6 of the Minimum Documentation Form, you must provide:

***A current (within 45 days), forensic evaluation or original letter from an Illinois Licensed Psychiatrist or Illinois Licensed Clinical Psychologist, which must fulfill the following requirements:***

- a. It must be from a provider licensed within Illinois.
- b. It must include your full name and date of birth on each page of the document.
- c. The treatment provider must sign and date the evaluation or letter and include their professional license number.
- d. The provider must give a specific statement indicating they have reviewed ALL relative records related to your mental health including prior psychiatric admissions, hospitalizations, outpatient treatment or police reports related to your clear and present danger designation.
- e. It must include a list of all prior psychiatric hospitalizations and referrals, to include all incidents of suicidal or homicidal ideations.
- f. It must address any past or current substance or alcohol abuse/dependence.
- g. It must outline the procedure followed by the treatment provider to complete the evaluation.
- h. Include the current Axis I and Axis II diagnosis.
- i. It must list any current psychotropic medications prescribed and risks associated with discontinuation of medication.
- j. The treatment providers professional opinion as to whether or not:
  - i. You present a serious threat of physical violence against a reasonably identifiable victim.
  - ii. You pose a clear and imminent risk of serious physical injury to yourself or another person.
  - iii. You demonstrate threatening physical or verbal behavior, such as violent, suicidal or assaultive threats, actions or other behavior.
  - iv. You demonstrate you are mentally fit to acquire, possess and use firearms.

This evaluation or letter must be sent directly to ISP from the psychiatrist or licensed clinical psychologist. All documents must be sent to:

Illinois State Police  
Office of Firearm Appeals  
801 South Seventh Street Suite 400-M  
Springfield, Illinois 62703-2487