

# Certification For Firearm Possession Developmentally Disabled Pursuant to: 430 ILCS 65/10(c-10)

**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: [FCRB.ReliefRequest@illinois.gov](mailto:FCRB.ReliefRequest@illinois.gov)

If you are unable to submit forms electronically, please contact the FOID Card Review Board at (217) 524-1762.

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

<b>NAME OF FOID CARD PETITIONER:</b> _____ <i>Last, First, Middle Initial</i>		<b>DATE OF BIRTH:</b> _____
<b>Certification of Evaluator</b>		
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>• The petitioner has been under my care since _____ (date);</li> <li>• I have administered (or overseen the administration of) an evaluation of the petitioner. I have personally assessed this petitioner for the diagnosis of developmentally or intellectually disabled.</li> <li>• I have personally assessed this petitioner for risk of suicidal or homicidal ideation and/or any threat of violence to his/her intimate partner, family, self, and others; and</li> <li>• I have determined with a reasonable degree of medical certainty the determinations listed below:</li> </ul>		
1. The petitioner has been diagnosed as developmentally disabled as defined in 405 ILCS 5/6-103.2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. The petitioner's diagnosis as developmentally disabled is considered "mild"?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Please mark any area of major life activity in which there is <u>significant limitations</u> exhibited by the petitioner.	<input type="checkbox"/> Self-care <input type="checkbox"/> Receptive and Expressive Language <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Self-direction	
4. Does the petitioner exhibit limitations in following/understanding rules or obeying laws?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. The petitioner exhibits behaviors that could be construed as a serious threat of physical violence against a reasonably identifiable victim.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. The petitioner poses a clear and imminent risk of serious physical injury to himself, herself or another person.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. The petitioner demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Please feel free to further explain or qualify any of your responses:		
<b>Evaluator</b>		
Name of Evaluator (please print):	Signature:	Date:
Professional License #:	State of Issuance:	NPI#:
Printed Address:	Telephone (voice):	Fax: