



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

**Firearms Prohibitor – Developmental or Intellectual Disability
Pursuant to: 430 ILCS 65/10(c-10) and 20 Ill. Admin. Code 1230.70**

Instructions: If your Firearm Owner's Identification (FOID) Card was revoked or your FOID Application was denied because you were designated as Developmentally or Intellectually Disabled and have not previously had your firearm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 you receive such relief. You are NOT required to appeal at this time; however, when you do so, the information listed below must be provided:

1. *If your FOID card was revoked*, the first step in seeking relief is to surrender your FOID Card and a completed [Firearm Disposition Record](#), documenting the transfer of all firearms in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 need to complete a [Request for FOID Investigation, Relief, and Reinstatement of Firearms Rights](#) form. This form can be obtained on the Office of Firearms Safety Website at the Forms and Checklists tab.
3. You will also need to prepare a statement in your own words, which is signed, dated and notarized, that contains the following:
- A. Details and circumstances regarding your designation as developmentally or intellectually disabled.
 - B. Details and examples demonstrating your disability will not interfere with your ability to possess firearms.
 - C. Statements regarding any arrests or criminal history that may be in your background.
 - D. 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.
 - E. Any other proof to support your suitability for the restoration of your firearm rights including evidence that you will not be likely to act in a manner dangerous to public safety and that granting relief would not be contrary to the public interest.
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4. Additionally, you will need to **request the following be sent *directly* to the ISP from those in possession of the documents:**

- A. A current [Certification for Firearm Possession DD](#) completed by an Illinois Licensed Psychiatrist or Illinois Licensed Clinical Psychologist or Qualified Examiner. A copy of the required form is available on the Office of Firearms Safety Website at the Forms and Checklists tab.
- 1) Qualified examiner means a person who is licensed in Illinois as:
 - a) a Clinical social worker as defined in this Act,
 - b) a registered nurse with a master's degree in psychiatric nursing who has 3 years of clinical training and experience in the evaluation and treatment of mental illness which has been acquired subsequent to any training and experience which constituted a part of the degree program,

- c) a licensed clinical professional counselor with a master's or doctoral degree in counseling or psychology or a similar master's or doctorate program from a regionally accredited institution who has at least 3 years of supervised post-master's clinical professional counseling experience that includes the provision of mental health services for the evaluation, treatment, and prevention of mental and emotional disorders, or
- d) a licensed marriage and family therapist with a master's or doctoral degree in marriage and family therapy from a regionally accredited educational institution or a similar master's program or from a program accredited by either the Commission on Accreditation for Marriage and Family Therapy or the Commission on Accreditation for Counseling Related Educational Programs, who has at least 3 years of supervised post-master's experience as a marriage and family therapist that includes the provision of mental health services for the evaluation, treatment, and prevention of mental and emotional disorders.

2) Clinical social worker" means a person who

- a) has a master's or doctoral degree in social work from an accredited graduate school of social work and
- b) has at least 3 years of supervised post-master's clinical social work practice which shall include the provision of mental health services for the evaluation, treatment and prevention of mental and emotional disorders.

B. At least two current (within 45 days of ISP's receipt), notarized, signed and dated letters from adults *who are aware of the circumstances regarding the revocation of your FOID card* that states:

- 1) Their full name, date of birth, and relationship to you;
- 2) Their knowledge of the circumstances regarding the revocation of your FOID card;
- 3) Their opinion of your current mental health condition and risk of dangerousness to yourself or others; and
- 4) Their opinion as to whether your possession of a firearm would be contrary to the public interest.

Please Note: All personal statements provided by you or written by others on your behalf must be signed, dated and notarized. You are encouraged to use this as a checklist because the appeal process will not begin until the Department has received all of the necessary documentation. It is your responsibility to provide or arrange for the above documents to be provided to the Department. Upon receipt of all of the documents listed above, your application will be actioned. Submission of the above documents does not guarantee the granting of relief; however, it is required to begin the review process. Unfortunately, the Department is unable to provide a 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
Office of Firearms Safety
801 South Seventh Street, Suite 600-S
Springfield, Illinois 62703-2487
Or by email at:
ISP.FOID.Appeals@illinois.gov