



# 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 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.

NAME OF FOID CARD PETITIONER: _____ <i>Last, First, Middle Initial</i>		DATE OF BIRTH: ____/____/____
<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 their 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 are <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 themselves 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: