



Illinois State Police – Office of Firearms Safety

Request for FOID Investigation, Relief and Reinstatement of Firearms Rights

For additional information, please see: 430 ILCS 65/8; 430 ILCS 65/9.5; & 430 ILCS 65/10

Pursuant to 430 ILCS 65/10, I, _____, am requesting an appeal of the revocation/denial of my Firearm Owner's Identification (FOID) card and petitioning for relief from any legal disabilities to the right to possess firearms. I further request the ISP conduct an investigation authorized by 20 Ill. Admin. Code 1230.70, to determine my eligibility for such relief.

By completing and signing this form, I am appealing to the Director of the Illinois State Police the denial/revocation of my FOID card. If my card was revoked, I understand **I must comply with Section 9.5 of the FOID Act** and submit all requested documentation before my appeal will be considered.

The decision to deny/revoke my FOID card was made in error and I am providing certified court documents to correct my criminal history record or other documentation to correct the decision.

I am requesting relief from the firearm prohibitor for which my FOID card was denied/revoked.

I am requesting the Department also conduct an administrative review of my eligibility under the Firearm Concealed Carry Act, pursuant to 430 ILCS 66/87.

Additionally, 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.

I understand that by applying for a FOID card, I have granted my authorization to the Illinois State Police to investigate my eligibility for a FOID card, as well as to any individual, organization, agency, or provider that maintains records relating to me to provide any records relevant to such investigation to any agent of the Illinois State Police upon their request. The intent of this authorization was and continues to be that I give my consent for full and complete disclosure (verbal and documentary) of medical records (including but not limited to mental health & drug/alcohol abuse records), criminal and law enforcement records, court records, internal investigation and disciplinary records, military records, employment records, background reports, and complaints regardless of whether said records and information are of a private, public or confidential nature for purposes of investigating my eligibility for a FOID card.

By requesting this appeal, I specifically acknowledge that I have waived my rights under the Health Insurance Portability and Accountability Act (HIPAA), as well as my rights under any state statute governing the confidentiality of medical records, including but not limited to the *Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/5)*. I certify that any person or entity that may obtain, furnish or exchange such information concerning me shall be held harmless and not liable for providing this information. I do hereby release from all liability and promise not to sue said persons or entities, the Illinois State Police, its agents and designees on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the furnishing or exchanging of information.

I affirm that I have legal authority to execute this release in that I am the subject of such records. A photocopy and/or an electronic copy of this release form will be valid as an original thereof, even though said photocopy and/or electronic copy does not contain an original writing of my signature.

I understand that:

- I have the right to revoke this consent in writing at any time; regardless, this consent shall terminate upon expiration of my FOID card or completion of my FOID appeal, whichever is later; and
- I have the right to inspect and copy any information that is disclosed pursuant to this release.

I have read and fully understand the contents of this "Request for FOID Investigation, Relief and Reinstatement of Firearms Rights."

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Address, City, State, Zip: _____

Last Four SS#: XXX-XX-_____ Other Names Used: _____

Email Address: _____

Please note, by providing your email address you are consenting to accept service by electronic means of all documentation in this matter in lieu of service by certified or regular mail.

Signature of Parent/Guardian of Minor: _____

Printed Name: _____ Date: _____

Please Note: Pursuant to 430 ILCS 65/9.5, within 48 hours of receiving notice of a FOID Card revocation, you must: (1) surrender your FOID card to the local law enforcement agency where you reside; (2) transfer all firearms in your possession or control; and (3) complete a Firearms Disposition Record. 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 that is a Class 2 or greater felony of the Illinois Controlled Substances Act, the Methamphetamine Control and Community Protection Act, or the Cannabis Control Act; 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
Office of Firearms Safety
801 South 7th Street, Suite 600-S
Springfield, IL 62703
OR eMail to:
ISP.FOID.Appeals@illinois.gov