



**FOID Appeal Forensic Evaluation**  
**Pursuant to: 20 Ill. Admin. Code 1230.70(b)(3)(C)**

**Instructions:** Please provide a copy of this form to the examiner prior to your evaluation and ask that it be returned directly to the: Illinois State Police  
 Office of Firearms Safety  
 801 South Seventh Street, Suite 600-S  
 Springfield, Illinois 62703-2487

The forensic evaluation:

1. **Must be** completed by an Illinois Licensed Psychiatrist or Clinical Psychologist, who is not affiliated with the patient's employer.
2. **Must include:**
  - a. a list of all prior psychiatric hospitalizations and referrals, to include all incidents or suicidal or homicidal ideations;
  - b. a list of treatment that has been provided and compliance with that treatment, to include current treatment;
  - c. any past or current substance or alcohol abuse/dependence;
  - d. the procedure(s) followed when completing the evaluation;
  - e. the current psychiatric diagnoses, including but not limited to clinical disorders, personality disorders, and mental health conditions that require clinical attention;
  - f. a list of current psychotropic medications prescribed, if any, including dosage, and the risks associated with the discontinuation of these medications;
  - g. the treatment providers professional opinion as to whether or not the patient presents a risk of harm to themselves or others as well as whether they are mentally fit to acquire, possess and use firearms.

Name of Patient: <hr/> <i>Last name, First name, Middle Initial</i>		Date of Birth: <hr/> <i>Month/Day/Year</i>
Address: <hr/> <i>Street or Mailing address; City, State, and Zip Code</i>		
By affixing my signature below, I affirm: <ul style="list-style-type: none"> <li>• I am not affiliated with the patient's employer;</li> <li>• I have reviewed records from all prior psychiatric hospitalizations and treatment; and</li> <li>• I understand this form and any report or letter affixed hereto must be sent by me or my office directly to the Illinois State Police and will be relied upon by the Illinois State Police in determining whether to grant relief to the patient's firearms prohibitor.</li> </ul>		
Printed Name: <hr/>	Signature: <hr/>	Date of Evaluation: <hr/>
Title: <hr/>	Telephone #: <hr/>	Fax #: <hr/>
Email: <hr/>	Professional License #: <hr/>	
Printed Address: <hr/> <i>Street or Mailing Address</i> <hr/> <i>City, State, Zip Code</i>	A copy of the evaluation complying with the instructions above should be attached to this form. Questions regarding these instructions may be directed to the Office of Firearms Safety at <a href="mailto:ISP.FOID.Appeals@illinois.gov">ISP.FOID.Appeals@illinois.gov</a> or by calling (217) 524-1669.	