

**Illinois State Police - Firearms Services Bureau  
FOID Appeal Requirements – Mental Health Prohibitor**

**Psychiatrist or Licensed Clinical Psychologist's Evaluation or Letter Requirement**

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As required in Section 5 of the Minimum Documentation Form, you must provide:

A current (within 45 days), forensic evaluation or original letter from a psychiatrist or licensed clinical psychologist which must fulfill the following requirements:

- a. It must be from a treatment provider not affiliated with your employer.
- b. It must include your full name and date of birth on each page of the document.
- c. The treatment provider must sign and date the evaluation or letter and include their professional license number.
- d. The provider must give a specific statement indicating they have reviewed records from ALL prior psychiatric admissions, hospitalizations and treatment.
- e. It must include a list of all prior psychiatric hospitalizations and referrals, to include all incidents or suicidal or homicidal ideations.
- f. List of treatment that has been provided and compliance with that treatment, to include current treatment.
- g. Any past or current substance or alcohol abuse/dependence.
- h. Procedure followed by treatment provider when completing the evaluation.
- i. Current Axis I and Axis II diagnosis.
- j. Current psychotropic medications prescribed and risks associated with discontinuation of medication.
- k. The treatment providers professional opinion as to whether or not you present a risk of harm to yourself or others and whether you are mentally fit to acquire, possess and use firearms.

This evaluation or letter must be sent directly to ISP from the psychiatrist or licensed clinical psychologist. All documents must be sent to:

Illinois State Police  
Firearms Services Bureau – ATTN: APPEALS  
801 South Seventh Street Suite 400-M  
Springfield, Illinois 62703-2487