



Mental Health Certification For Firearm Possession (Mental Health Admission >5 years ago)

Pursuant to: 430 ILCS 65/4(a)(2)(iv) and 430 ILCS 65/8(u)



Instructions:

1. This certification must be completed by an Illinois physician, clinical psychologist or qualified examiner as defined in 405 ILCS 5/1-122.
2. The physician, clinical psychologist or qualified examiner must have completed a mental health evaluation of the petitioner and must have reviewed all collateral information supplied by the applicant and others prior to any assessment.
3. The physician, clinical psychologist or qualified examiner must complete this form.
4. This form must be returned *directly* to the Illinois State Police at the address below by the physician, clinical psychologist or qualified examiner; **do not** give the original form to the petitioner.

NAME OF FOID CARD PETITIONER: _____ <small style="text-align: center;">Last, First, Middle Initial</small>		DATE OF BIRTH: ___/___/___
Certification of Evaluator		
By my signature below, I affirm:		
<ul style="list-style-type: none"> • I am a physician, clinical psychologist or qualified examiner as defined in 405 ILCS 5/1-122; • I have reviewed all documentation provided and I have consulted relevant collateral sources; • I have administered (or overseen the administration) the mental health evaluation of the petitioner. I have personally assessed this petitioner for risk of suicidal or homicidal ideation and/or any threat of violence to his/her intimate partner, family, self, and others; and • I have determined with a reasonable degree of medical certainty: 		
1. The petitioner is a serious threat of physical violence against a reasonably identifiable victim.	YES	NO
2. The petitioner poses a clear and imminent risk of serious physical injury to himself, herself or another person.	YES	NO
3. The petitioner demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior.	YES	NO
4. Explanation/Comments:		
Evaluator		
Name of evaluator (please print):	Signature:	Date:
Professional License #:	State of Issuance:	NPI#:
Printed Address:	Telephone (voice):	Fax:

Return this original form to:
 Illinois State Police
 Firearms Services Bureau - ATTN: Appeals Section
 801 South Seventh Street Suite 400-M
 Springfield, Illinois 62703