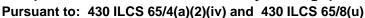


## **Mental Health Certification For Firearm Possession**

## (Mental Health Admission >5 years ago)





## Instructions:

- 1. This certification must be completed by a 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 from the physician, clinical psychologist or qualified examiner; *do not* give the original form to the petitioner.

NAME OF FOID CARD PETITIONER:  Last, First, Middle Initial		ATE OF E	BIRTH:/_	
Certification of Evaluator  By my signature below, I affirm:  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:  Evaluator should mark ONE box.  1. The petitioner is a serious threat of physical violence against a reasonably identifiable victim.				
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.  4. Explanation/Comments:				
Evaluator				
Name of evaluator (please print):	Signature:	Date:		
Professional License #:	State of Issuance:	NPI#:		
Printed Address:	Telephone (voice):	Fax:		

The petitioner may only be provided a *copy* of this form. **Return this** *original* **form to:**