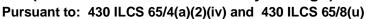


## **Mental Health Certification For Firearm Possession**

## (Mental Health Admission >5 years ago)





## 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:  Last, First, Middle Initial  DATE OF			BIRTH:	_/	<i></i>
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:					
1. The petitioner is a serious threat of physical violence against a reasonably identifiable victim.		YE	:S	NO	
2. The petitioner poses a clear and imminent risk of serious physical injury to himself, herself or another person.			YE	S	NO
3. The petitioner demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior.			YE	:S	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