STATE OF ILLINOIS)
ILLINOIS STATE POLICE) FOID Application Number: #
OFFICE OF FIREARMS SAFETY)
	Law Enforcement Expedited Relief
	430 IILCS 65/10(c-5)
	<u>AFFIDAVIT</u>
The undersigned,	, being first duly sworn
(print full le Upon oath, states as follows:	gal name)
1. I am employed as a la	v enforcement officer by a unit of government in the State of Illinois.
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	res the possession of a firearm.
	eatment involuntarily at a mental institution (regardless of the length of
6. I have not been volunt	rily admitted to a mental institution for more than thirty (30) days.
7. I have not been voluntal last five (5) years.	rily admitted to a mental institution for more than one (1) incident in the
8. I did not leave the men	tal institution against medical advice.
the requirements outli	llinois State Police will take no action on my appeal until I have met all led in 430 ILCS 65/10(c-5) and 20 Ill. Admin Code 1230.70, including equired documentation
FURTHER AFFIANT SAYETH NOT	
	Signature
Subscribed and sworn to before	ne
This day of	
Notary Public	