

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
FATHER,  
vs.  
\_\_\_\_\_,  
MOTHER.  
State of Idaho, Department of Health and Welfare

Case No. \_\_\_\_\_

MOTION FOR ORDER  
FOR GENETIC TESTS

(Your name) \_\_\_\_\_ requests, pursuant to Idaho  
Code §7-1116, that this court order the child, \_\_\_\_\_,  
mother, \_\_\_\_\_, and alleged father, \_\_\_\_\_,  
to submit to genetic tests to determine paternity; and:

1. Genetic testing be performed by an expert qualified as an examiner of genetic markers;
2. Verified documentation should establish a chain of custody of the genetic evidence;
3. A verified expert's report be prepared by a laboratory approved by the American Association of Blood Banks or other accreditation body; and
4. A written report of the genetic test results be filed with the court and be admitted into evidence without further foundation, pursuant to I.R.F.L.P. 104, unless a challenge to the testing procedures or the genetic analysis has been made twenty-one (21) days before trial.
5. The genetic test report be served upon all parties as soon as it is obtained.

6. The requesting party be ordered to pay the initial costs of testing; however, such costs should be recovered by the prevailing party.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature

CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_, I served a copy to: (name all parties in the case other than yourself)

State of Idaho, Department of Health  
And Welfare, Division of Child Support  
Enforcement

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Name)

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Name)

- By mail
- By personal delivery
- By fax (number) \_\_\_\_\_

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature