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 1	
	Case No.
Petitioner,	
VS.	ORDER FOR GENETIC TESTS
Respondent.	
·	asking this court to order
genetic tests pursuant to Idaho Code §7-1116,	
1. The child,, m	other,, and
alleged father,	, shall submit to genetic testing to be
performed by an expert qualified as an examine	er of genetic markers;
2. Verified documentation shall establish a	chain of custody of the genetic evidence;
3. A verified expert's report shall be prepare	ed by a laboratory approved by the American
Association of Blood Banks or other accreditation	on body; and
4. A written report of the genetic test results	s shall be filed with the court and 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 b	peen made twenty-one (21) days before trial.
5. The genetic test report shall be served up	pon all parties as soon as it is obtained.
6, as the rec	questing party, is ordered to pay the initial
costs of testing; however, such costs shall be re	
-	
Date:	d
Juc	dge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:	
(Name)	☐ By United States mail☐ By personal delivery☐ By fax (number)☐ By email to:
(Street or Post Office Address)	(If allowed)
(City, State, and Zip Code)	
(Name) (Street or Post Office Address)	By United States mail By personal delivery By fax (number) By email to:
(City, State, and Zip Code)	(If allowed)
Date:	Deputy Clerk