Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

VS.

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

FATHER,

ORDER FOR GENETIC TESTS

Case No.

MOTHER.

State of Idaho, Department of Health and Welfare

Based on the request of ______ asking this

court to order genetic tests pursuant to Idaho Code §7-1116, IT IS ORDERED:

- The child, _____, mother, _____, and alleged father, _____, shall submit to genetic testing to be performed by an expert qualified as an examiner of genetic markers;
- 2. Verified documentation shall establish a chain of custody of the genetic evidence;
- 3. A verified expert's report shall 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 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 been made twentyone (21) days before trial.
- 5. The genetic test report shall be served upon all parties as soon as it is obtained.

 _____, as the requesting party, is ordered to pay the initial costs of testing; however, such costs shall be recovered by the prevailing party.

Date: _____

JUDGE

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

State of Idaho, Department of Health And Welfare, Division of Child Support Enforcement	 By United States mail By personal delivery By fax (number)
(Street or Post Office Address)	-
(City, State, and Zip Code)	-
(Name)	By United States mail
(Street or Post Office Address)	– 📋 By fax (number)
(City, State, and Zip Code)	-
(Name)	By United States mail
(Street or Post Office Address)	- By fax (number)
(City, State, and Zip Code)	-
Date:	 Deputy Clerk