

\_\_\_\_\_  
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. \_\_\_\_\_

ORDER FOR GENETIC TESTS

Based on the request of \_\_\_\_\_ asking this  
court to order genetic tests pursuant to Idaho Code §7-116, IT IS ORDERED:

1. 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 twenty-  
one (21) days before trial.
5. The genetic test report shall be served upon all parties as soon as it is obtained.

6. \_\_\_\_\_, 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) \_\_\_\_\_

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

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(Name)

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- By fax (number) \_\_\_\_\_

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(City, State, and Zip Code)

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(Name)

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

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

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

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

\_\_\_\_\_  
Deputy Clerk