
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

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

_____,
Father

_____,
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.C.P. 6(c)(7), 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 I served a copy:

To: State of Idaho, Department of Health and Welfare,
Division of Child Support Enforcement

(Name)

By Hand-delivery

(Address)

By Mailing

By Fax to (number) _____

(City, State and Zip)

To:

(Name)

By Hand-delivery

(Address)

By Mailing

By Fax to (number) _____

(City, State and Zip)

To:

(Name)

By Hand-delivery

(Address)

By Mailing

By Fax to (number) _____

(City, State and Zip)

Date: _____

Deputy Clerk