

\_\_\_\_\_  
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 \_\_\_\_\_

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

Plaintiff, )

vs. )

\_\_\_\_\_, and )

\_\_\_\_\_, )  
Co-Defendant(s). )

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: \_\_\_\_\_

\_\_\_\_\_  
Magistrate 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 United States mail  
[ ] By fax  
\_\_\_\_\_  
(Street or Post Office Address) [ ] By personal delivery  
[ ] By overnight mail/Federal Express  
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(Name) [ ] By fax  
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(Street or Post Office Address) [ ] By personal delivery  
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[ ] By overnight mail/Federal Express  
\_\_\_\_\_  
(City, State and Zip Code)

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

\_\_\_\_\_  
Deputy Clerk of the District Court