

\_\_\_\_\_  
Full Name of Party Filing Document

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

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

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

Case No. \_\_\_\_\_  
MOTION FOR ORDER FOR  
GENETIC TESTING

(Your name) \_\_\_\_\_, requests, pursuant to Idaho Code §7-1116, that  
this court order the child, \_\_\_\_\_, mother, \_\_\_\_\_, and alleged  
father, \_\_\_\_\_, to submit to genetic tests to determine paternity; and:

1. Genetic testing be performed by an expert qualified as an examiner of genetic markers;
2. Verified documentation should establish a chain of custody of the genetic evidence;
3. A verified expert's report 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 be filed with the court and be admitted into evidence without further foundation, pursuant to I.R.F.L.P. 104(D), 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 be served upon all parties as soon as it is obtained.
6. The requesting party be ordered to pay the initial costs of testing; however, such costs should be recovered by the prevailing party.

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

\_\_\_\_\_  
Signature

CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

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

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

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

\_\_\_\_\_  
(Name)

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

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

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

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Typed/printed name

\_\_\_\_\_  
Signature