Full Na	me of Party Filing Document		
Mailing	Address (Street or Post Office Box)		
City, St	ate and Zip Code		
Teleph	one		
Email A	Address (if any)		
	IN THE DISTRICT COURT FOR T	<u> </u>	
FC	OR THE STATE OF IDAHO, IN AND FO	R THE COUNTY OF	
	_	Case No.	
Petitioner, vs.		MOTION FOR ORDER FOR GENETIC TESTING	3
	Respondent.		
(Ye	ourname)	requests, pursuant to Idaho Code	§7-1116, that
this co	ourt order the child,	, mother,	, and
allege	ed father,, to subn	nit to genetic tests to determine pa	ternity; and:
1.			
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 A	merican
	Association of Blood Banks or other ac	ccreditation body; and	
4.	A written report of the genetic test res	ults be filed with the court and be a	admitted into
	evidence without further foundation, pursuant to I.R.F.L.P. 104, unless a challenge to		
	the testing procedures or the genetic a	analysis has been made twenty-or	ne (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.	
Dato:			
Dait.		ignature	

CERTIFICATE OF SERVICE

I certify that on (date)	_ I served a copy to: (name all parties in the case other than yourself)		
(Name)	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 By personal delivery By fax (number)		
(Street or Post Office Address)			
(City, State, and Zip Code)			
Typed/printed name	Signature		