
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 _____

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

Petitioner,

vs.

Case No. _____

ORDER FOR GENETIC TESTS

_____,

_____,

Respondent(s).

Based on the request of _____ asking this
court to order genetic tests pursuant to Idaho Code §7-1116, 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) _____

(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)

(Name)

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

Deputy Clerk