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|  District Court  Denver Juvenile Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:In the Interest of:Petitioner:v.Respondent: | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division Courtroom |
| MOTION FOR GENETIC TESTING  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ask that the Court Order all parties to submit to genetic testing, and state as follows:

1. The  Petitioner  Respondent, denies that he is the father of the minor child(ren) of this action.

2. This Court has authority to order genetic testing.

1. I have contacted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of lab), and have obtained an appointment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) at \_\_\_\_\_\_\_\_(time) so that all parties and the minor child(ren) may appear for purposes of obtaining genetic specimens.

4. I have been advised that the cost of this testing will be $ \_\_\_\_\_\_\_\_\_\_\_\_ (total amount of genetic testing).

5. I request that the Court order that the tests be paid as follows: \_\_\_\_\_% Petitioner \_\_\_\_\_% Respondent.

1. I also ask that the Court to order all parties to cooperate with the testing, and to notify the  Petitioner  Respondent that if he/she fails to do so, the Court may enter orders against him/her including finding a party to be the father of :

|  |  |  |
| --- | --- | --- |
| **Name of Child(ren)**  | **Sex** | **Date of Birth** |
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|  |  |  |
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 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

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

**SIGNATURE**

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

(Printed name of Petitioner Respondent Signature of  Petitioner or  Respondent Date

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

 Address

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

 City, State, Zip Code

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

 (Area Code) Telephone Number (home and work)

##### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) the original and one copy of this document were filed with the Court; and, a true and accurate copy of the ***MOTION FOR GENETIC TESTING*** was served on the other party by:

 Hand Delivery or  Faxed to this number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 (Your signature)