

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number: _____ In the Interest of: <b>Petitioner:</b> <b>Respondent/Co-Petitioner:</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty.Reg.#: _____		
		Case Number: _____ Division _____ Courtroom _____
<b>AGREEMENT FOR GENETIC TESTING</b>		

Petitioner and Respondent agree to the following:

- The Respondent requests genetic testing and denies that he is the father of the minor child(ren):  
 Name of Child(ren) \_\_\_\_\_ Date of Birth \_\_\_\_\_
- It is agreed that the Child, Petitioner, and Respondent will submit to genetic testing.  
 \_\_\_\_\_  
 Name of Lab  
 \_\_\_\_\_  
 Address of Lab  
 \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ M
- Costs of genetic testing shall initially be paid by:  Petitioner  Respondent
- If the \_\_\_\_\_ fails to appear for the testing, the Court may find him to be the father.
- The matter will be set for hearing once the test results are received.
- The parties agree to notify the Court, in writing, of any change of address or employment within ten days of the change.  
 I have read this agreement, understand the terms and agree to be bound by those terms.

\_\_\_\_\_  
 Petitioner Respondent

STATE OF COLORADO )  
 \_\_\_\_\_ COUNTY )

Signed before me under oath on this date: \_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public  [Deputy] Clerk of Court

\_\_\_\_\_  
 Notary's Address

\_\_\_\_\_  
 Notary's City, State, Zip

[Seal]