

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number: _____ In the Interest of: Petitioner: Respondent/Co-Petitioner:		▲ 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.
3. I have contacted _____ (name of lab), and have obtained an appointment for _____ (date) at _____ (time) so that all parties 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.
6. I also ask that the Court order all parties to cooperate with the testing, and to notify the Petitioner Respondent that if he fails to do so, the Court may enter orders against him including finding him to be the father of :
 Name(s) of Child(ren)

Date: _____

 Petitioner OR Respondent

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: _____

(your signature)