

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court 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.
3. 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.
6. 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

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)