☐ District Court ☐ Denver Juvenile Cour		ode						
County, Colorado Court Address:		auo						
In the Interest of								
In the Interest of:								
Petitioner:								
٧.								
v. Respondent:			▲ COURT USE ONLY	4				
·								
Attorney or Party Without Attorney (Name and Address):			Case Number:					
Phone Number:								
Phone Number: E-mail FAX Number: Atty. R			Division Courtroom					
	ON FOR GENETIC TE							
ask th:	at the Court Order all	parties	s to submit to genetic testing, ar	nd state				
as follows:	2041. 31401 411	F 3. 1.00	castill to goriono toomig, ar	5.0.0				
I. The \square Petitioner \square Respondent, den	ies that he is the fathe	er of the	e minor child(ren) of this action.					
This Court has authority to order gene	tic testing.							
•	g.		(name of lab), ar	nd have				
obtained an appointment for			,					
	, ,		•	anu ine				
minor child(ren) may appear for purpor	ses or obtaining gene	uc spec	amens.					
I have been advised that the cost of th	is testing will be \$		(total amount of genetic te	sting).				
5. I request that the Court order that the								
•			<u> </u>					
I also ask that the Court to order all pRespondent that if he/she fails to d	•		•					
party to be the father of :	2 23, 11.0 20dit may 0		as.s against million moldaling in	uy u				
Name of Child(ren)			Date of Birth					
, ,								
☐ By checking this box, I am acknowledging I am	filling in the blanks and i	not char	nging anything else on the form.					
By checking this box, I am acknowledging that I	have made a change to	the ori	ginal content of this form.					
	SIGNATURE							
				_				
Printed name of □Petitioner □Respondent	Signature of \square Petition	oner or l	☐ Respondent Date					
	Address							
	Address							
	Address City, State,	Zip Cod	e	_				
	City, State,		e none Number (home and work)					

CERTIFICATE OF SERVICE

I certify that on	_ (date) the	original	and one	сору	of this	document	were fil	ed with the
Court; and, a true and accurate copy of	the MOTION	I FÖR GE	ENETIC	TEŠŤIN	VG was	served or	n the othe	er party by:
☐ Hand Delivery or ☐ Faxed to this	number			or	☐ by p	olacing it	in the Ur	nited States
mail, postage pre-paid, and addressed	to the following	ng:				J		
TO:								
			(You	ır signa	tura)			
			, i ou	ıı sığıla	tui <i>G)</i>			