

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Check your email.** You will receive information and documents at this email address.

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

<p>_____ Plaintiff/Petitioner</p> <p>V.</p> <p>_____ Defendant/Respondent</p>	<p><b>Order on Motion for Genetic Testing</b></p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner (domestic cases)</p>
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The matter before the court is a Motion for Genetic Testing. This matter is being resolved by: (Choose all that apply.)

The default of  Petitioner  Respondent.

The stipulation of the parties.

The pleadings and other papers of the parties.

A hearing held on \_\_\_\_\_ (date), notice of which was served on all parties.

Petitioner

was present  was not present.

was represented by \_\_\_\_\_ (name).

was not represented.

Respondent

was present  was not present.

was represented by \_\_\_\_\_ (name).

was not represented.

**The court finds:**

There is reason to believe  petitioner  respondent

is the biological parent of the following children.

is not the biological parent of the following children.

Child's name (first, middle and last)	Month and year of birth

Having considered the documents filed with the court, the evidence and the arguments, and now being fully informed,

**The court orders:**

1. The Motion for Genetic Testing is  granted  denied.

2.  The following people:

petitioner  respondent  intervenor

and the children listed below must participate in genetic testing:

Child's name (first, middle and last)	Month and year of birth

Child's name (first, middle and last)	Month and year of birth

3.  The cost of testing will be paid by  
 petitioner  
 respondent  
 other (Name) \_\_\_\_\_

4.  Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Commissioner \_\_\_\_\_

\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Judge \_\_\_\_\_

Approved as to form.

\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Plaintiff/Petitioner, Attorney or Licensed  
Paralegal Practitioner \_\_\_\_\_

\_\_\_\_\_  
Date Signature ► \_\_\_\_\_  
Defendant/Respondent, Attorney or Licensed  
Paralegal Practitioner \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Order on Motion for Genetic Testing on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

\_\_\_\_\_ Signature ► \_\_\_\_\_  
 Date Printed Name \_\_\_\_\_