

Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to party requesting genetic testing.
 - c. Second copy – to other party in the support or parentage case.
 - d. Other copies according to local practice.
2. Prepared by party, signed by clerk or notary public.
3. Attachments – none.
4. Preparation details
 - a. A party to a case involving parentage or child support must make an affidavit alleging or denying paternity when making a motion for genetic testing. Virginia Code § 20-49.3. This form combines the necessary motion and affidavit in one form for the party to execute.
 - b. Data Elements Nos. 10-14 are to be used if alleging paternity. Data Elements Nos. 15-17 are to be used if denying paternity.

MOTION FOR GENETIC TESTING

Commonwealth of Virginia Va. Code § 20-49.3

Case No. 1

2 [] Circuit Court [] Juvenile and Domestic Relations District Court

3 PETITIONER v/in re 4 RESPONDENT

5 ALLEGED BIOLOGICAL MOTHER 6 ALLEGED BIOLOGICAL FATHER

7 NAME OF CHILD

I, 8 being a party to the above-styled case in which parentage of 9, is in issue, move the Court for an order that the alleged biological father, the alleged biological mother and the child or children named above, submit to scientifically reliable genetic testing, including blood grouping tests and HLS (human leukocyte antigen) testing, which have been developed and adapted for purposes of establishing or disproving parentage.

I swear or affirm that:

10 [] 11 is the [] biological father [] biological mother of 13 and that the following facts establish a reasonable possibility of the requisite sexual contact between the parties:

14

OR

15 [] I am not the [] biological father [] biological mother of 17 18

19 SIGNATURE OF PARTY REQUESTING GENETIC TESTING

Subscribed and sworn to before me this the 20 day of 21,

My commission expires: 22

23 [] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

Data Elements, page one

1. Court case number of support or parentage case.
2. Jurisdiction and check box for appropriate court.
3. Name of petitioner in child support/parentage case.
4. Name of respondent in child support/parentage case.
5. Name of alleged biological mother.
6. Name of alleged biological father.
7. Name of child whose parentage is the subject of dispute or for whom support is sought.
8. Name of party requesting genetic testing.
9. Name of child whose parentage is the subject of dispute or for whom support is sought.
10. Check this box if alleging paternity.
11. Name of person alleged to be parent.
12. Check appropriate box.
13. Name of child.
14. Insert details supporting allegation.
15. Check this box if denying paternity.
16. Check appropriate box.
17. Name of child.
18. Any additional information.
19. Signature of party requesting genetic testing.
20. Date of affirmation.
21. Month and year of affirmation.
22. Notary commission expiration date if applicable.
23. Signature of person taking affirmation. Check appropriate box.

NOTICE OF HEARING

TO: **1**
.....

TAKE NOTICE THAT A HEARING INVOLVING THIS CASE WILL BE HELD AT

..... **2**
COURT ADDRESS

on **3** at **4** m.

..... **5**
DATE

..... **6**
CLERK

SERVICE OF PROCESS ON PERSON TO RECEIVE NOTICE

7 [] Personal service

Being unable to make personal service, a copy of delivered in the following manner:

[] Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode or party named above after giving information of its purport. (List name, age of recipient and relation to party named above.)

8 **9**

[] Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

10] Not found.

..... **11**
DATE

..... **12**
SERVING OFFICER

for **13**

Data Elements, *page two*

1. Name and address of non-moving party.
2. Court address.
3. Date of hearing.
4. Time of hearing.
5. Date notice issued.
6. Signature of clerk.
7. Serving officer to check this box if personal service obtained.
8. Serving officer to check the appropriate box to designate type of substitute service.
9. If served by leaving copy with a family member age 16 or older, check appropriate box and insert required information.
10. Serving officer to check this box if unable to serve process.
11. Date of signature.
12. Signature of serving officer.
13. Name of sheriff if served by deputy sheriff.