

<b>STATE OF VERMONT</b>		<b>SUPERIOR COURT</b>	<b>FAMILY DIVISION</b>
		<b>Unit</b>	<b>Case No. _____</b>
Plaintiff Name	DOB	V.	Defendant Name
			DOB

**GENETIC TESTING ORDER**

The Court orders as follows:

Name of Child(ren)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

1. Plaintiff shall appear  with  without the child(ren) named above at  
 (location) \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_,  
Or  
 as arranged, to provide a sample of genetic material sufficient for the purpose of determining parentage.
  
2. Defendant shall appear  with  without the child(ren) named above at  
 (location) \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_,  
Or  
 as arranged, to provide a sample of genetic material sufficient for the purpose of determining parentage.
  
3.  The Office of Child Support (OCS) is providing services and agrees to pay for cost of genetic testing.  
 The cost of genetic testing shall be paid solely by \_\_\_\_\_.  
 The cost of genetic testing shall be shared by the parties as follows: Plaintiff shall pay \_\_\_\_\_% of the cost and Defendant shall pay \_\_\_\_\_% of the cost.
  
4. The results of genetic testing shall be made available to all parties. Any party in possession of the test results shall provide the test results to all other parties upon receipt and no later than 15 days before any hearing.

5.  The above is agreed to by the parties.

_____	_____	_____
Date	Plaintiff's Printed Name	Plaintiff's Signature
_____	_____	_____
Date	Plaintiff's Attorney Printed Name	Plaintiff's Attorney Signature
_____	_____	_____
Date	Defendant's Printed Name	Defendant's Signature
_____	_____	_____
Date	Defendant's Attorney Printed Name	Defendant's Attorney Signature
_____	_____	_____
Date	OCS Representative's Printed Name	OCS Representative Signature

**It is so ORDERED. Failure to comply with this Order may result in a determination of parentage contrary to the position of that person. 15C V.S.A. §608(a).**

\_\_\_\_\_  
Signature

**If OCS is not providing services, either party may apply for OCS services for assistance. 1-800-786-3214.**

**For parties arranging their own genetic testing, suggested laboratories include the following:**

**LabCorp DNA Identity at 1-800-742-3944 to schedule an appointment**

**DNA North America, 528 Essex Road, #202, Williston, VT 05495 Phone (800) 401-3602**

**Health Street DNA Testing in Rutland Vermont. Schedule online or call (802)881-0449**

**(This is not an exhaustive list of laboratories.)**