



Order to Appear for Genetic Testing

┌ <<RecipientName>>
 <<RecipientAddress>>



<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>

1. We have started an administrative proceeding to establish if you are the biological father of the child(ren) named below:

Child: <<Child's Name>> Date of Birth:<<Child's Date of Birth>>

We have done this because you have been named as a possible biological father of the child(ren) named above based upon an affidavit or written declaration by the mother, <<Mother's Name>>.

2. YOU ARE HEREBY ORDERED to appear to provide a sample for genetic testing.
 <<Option 1>>
3. If you have custody of the child(ren) named above, you must also bring the child(ren) for genetic testing.

You must bring picture identification to identify yourself and the child. Valid adult identification includes: a state issued driver license or ID card, a US passport, a foreign passport stamped by or an ID card issued by the US Bureau of Citizenship and Immigration Services, a US armed forces ID card or certain Florida or federal inmate ID cards. Valid child identification includes: a state issued ID card, a certified copy of a birth certificate, a social security card, an insurance card or a school ID.

If you appear as ordered, we will pay the cost of the genetic test and provide you with a copy of the test results in the mail. We will not give you the results by phone.

4. If you fail to appear as ordered or refuse to submit to genetic testing without good cause, we may:
 - a) Start proceedings to suspend your driver's license and motor vehicle registration.
 - b) Impose an administrative fine of \$500.

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- c) Use a genetic sample previously obtained from you, if available, to determine if you are the child(ren)'s biological father.
 - d) File a petition in circuit court to establish paternity and obtain a support order requiring you to pay child support and/or provide health insurance for the child(ren), and obtain an order for costs against you, including costs for genetic testing.
5. You may contest this order by filing a written request for informal review within 15 days of receipt of this order. The purpose of the informal review is to provide an opportunity to discuss the proceedings and the basis for this order. At the conclusion of the informal review, we will notify you in writing whether we intend to proceed with this Order to Appear for Genetic Testing. If you are notified that we intend to proceed, you will be given additional information with the notice about your right to contest this order at an administrative hearing.
6. **If you are unable to appear at the date, time and place stated in paragraph 2 above, you must call us at the number provided below before the appointment date to reschedule. If you do not call in advance to reschedule, you may have your driver license suspended, be fined \$500, or both.**

DONE AND ORDERED this <<day>> day of <<Month>>, <<year>>.

<<Image of Ann Coffin's signature>>
 Director, Child Support Program
 Authorized Representative
 Florida Department of Revenue

This document has been electronically signed as authorized by s. 668.004, F.S.

To contact us call: <<CountyPhoneNumber>>

Florida Department of Revenue
 Child Support Program
 P.O. Box 5330
 Tallahassee, FL 32314-5330

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Option 1

A. (If the Alleged Father shows incarcerated Select this option)

We will arrange the date and time for genetic testing with the <<Facility name>> correctional facility named above.

B. (If the Alleged Father is not incarcerated select this option. This appointment date, time, and location will be done by auto schedule)

You must appear for genetic testing as follows:

<<Date>>

<<Time>>

<<Place>>

<<Address>>

C. (If option 1.B. is selected and the Alleged Father resides in Florida add statement after Option 1.B.)

You must provide the enclosed *DNA Sample Collection for Paternity Testing* form to the lab when you appear for your appointment. Your sample will not be collected without this form.

Developers note: The system needs the ability to list the names and DOB of all children listed in the action

Option 2: Used only when Alleged Father resides in Florida and Option 1.C. is selected.

Developers note: This option places the attached *DNA Sample Collection for Paternity Testing* on a full separate page.



Child Support Program

DNA Sample Collection for Paternity Testing

Date: <<Date>>

Authorization Number: <<ZGT Auth number>>

Child Support Case Number: <<CaseNumber>>

Parties to be collected:

Name	Date of Birth	Business Partner ID
<<CP/NCP Name>>	<<CP/NCP DOB>>	<<CP/NCP BP ID>>
<<DP1 Name>>	<<DP1 DOB>>	<<DP1 BP ID>>
<<DP2 Name>>	<<DP2 DOB>>	<<DP2 BP ID >>
<<DP3 Name>>	<<DP3 DOB>>	<<DP3 BP ID >>
<<DP4 Name>>	<<DP4 DOB>>	<<DP4 BP ID >>

Samples and completed chain of custody to be delivered via trackable delivery to:

DNA Diagnostics Center, Inc.
One DDC Way
Fairfield, OH 45014

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