

## NOTICE OF \_\_\_\_\_ GENETIC TESTING RESULTS COVER LETTER

Date:	Case Number:
То: 🛛	Court Order #:     County:     Alleged Father:
	,
,,,	

The attached notice is to tell you the action the Child Support Recovery Unit (the Unit) took as a result of the genetic tests.

If you have any questions about this letter or the enclosed notice, please contact the Unit listed below.

Child Support Recovery Unit

Telephone: \_\_\_\_\_

\_\_\_\_\_

Notice of	Genetic Testing Results	Child Support Recovery Unit Iowa Department of Human Services
Mother: Caretaker:		Docket No County: CSC No
genetic test results wer	a the action the Child Support Recovery re mailed to you <sup>1</sup> on the A copy of the verified expert's report of g county district court.	Unit (the Unit) took as a result of genetic tests. The _ day of, jenetic testing results has been filed with the
The results show that following child(ren):	t	has been excluded as the father of the
If you would like to con within 20 days from the	date of this notice. Any challenge to g	le a written notice of challenge with the district court enetic test results filed after this 20 days shall not be
If no challenge to the		t will dismiss the administrative action to ts is made, the Unit may order additional genetic
□ The results show that the following child(ren):	t	cannot be excluded as the possible father o
	Child's Name	Paternity Probability %

for administrative establishment of paternity.<sup>2</sup>

To challenge the results or the presumption of paternity, you must file a written notice of challenge with the district court within 20 days of the date of this notice. Challenges to the genetic test results filed after the 20 days shall not be accepted or be admissible by the Unit or by the court.

If a challenge is not received within 20 days of this notice, or if you do not request a conference within 10 days, an Administrative Order will be filed with the court, and a copy of the order will be mailed to you<sup>3</sup>. The Administrative Order will include a judgment for the costs of the genetic tests.

□ The results show that \_\_\_\_\_\_ cannot be excluded as the possible father of the following child(ren):

Child's Name	Paternity Probability
	%
	%
	%
	%
	%

A probability of paternity less than 95% requires that the Unit issue a new order for genetic testing or certify the matter to district court.<sup>4</sup> The Unit has scheduled additional testing and has enclosed a notice stating the date, time and place of the additional testing.

Child Support Recovery Unit

\_\_\_\_\_

Service of Notice

I served a copy of this notice and cover letter upon all parties on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by □hand delivery □regular mail to their last known address of the party or the last known address of their attorney.

Child Support Recovery Unit

Original Filed.

Copy to:

1 By regular mail to your last known address or the last known address of your attorney.

2 Stated in Iowa Code section 252F.3.

Date

<sup>470-3315 (</sup>Rev. 4/2021)

3 By regular mail to your last known address or the last known address of your attorney. 4 Stated in Iowa Code section 252F.3.