



ADMINISTRATIVE ORDER FOR RESCHEDULED GENETIC TESTING
FOR [ ] ALLEGED FATHER
[ ] MOTHER
[ ] CHILD(REN)
COVER LETTER

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

To: [ ] \_\_\_\_\_

Court Order #: \_\_\_\_\_

County: \_\_\_\_\_

Alleged Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Caretaker: \_\_\_\_\_

This cover letter and attached order tell you about the rescheduled genetic testing that you are required to do.

Below are the details for [ ] your [ ] the child(ren)'s rescheduled genetic testing appointment.

Mother's Name: \_\_\_\_\_
Test Location Name: \_\_\_\_\_
Test Location Address: \_\_\_\_\_
Date: \_\_\_\_\_
Time: \_\_\_\_\_

NOTE: You must appear with your driver's license or other photo identification. You must comply with the laboratory's standard procedure for identification including, but not limited to, fingerprinting and photographs.

Alleged Father's Name: \_\_\_\_\_
Test Location Name: \_\_\_\_\_
Test Location Address: \_\_\_\_\_
Date: \_\_\_\_\_
Time: \_\_\_\_\_

NOTE: You must appear with your driver's license or other photo identification. You must comply with the laboratory's standard procedure for identification including, but not limited to, fingerprinting and photographs.

Child(ren)'s Custodian: \_\_\_\_\_

Child(ren)'s Name

Year of Birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test Location Name: \_\_\_\_\_

Test Location Address: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**NOTE:** The custodian **must** appear with the child(ren)'s \_\_\_\_\_ to serve as identification for the child(ren).

If you have any questions about this letter or the enclosed order, please contact the Child Support Recovery Unit listed below.

Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Administrative Order for Rescheduled Genetic Testing for**

- Alleged Father**
- Mother**
- Child(ren)**

**Child Support Recovery Unit  
Iowa Department of Human Services**

Alleged Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Caretaker: \_\_\_\_\_

Dependents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Prepared: \_\_\_\_\_

Docket No. \_\_\_\_\_

CSC No. \_\_\_\_\_

The genetic testing previously ordered for \_\_\_\_\_ has been rescheduled.

**IT IS THEREFORE ORDERED THAT:**

1. Genetic testing to determine the paternity of the following child(ren) be conducted:

Child's Initials	Year of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2.  The mother, \_\_\_\_\_, shall present herself at the time and location specified by the Child Support Recovery Unit (the Unit) for the purpose of having specimens drawn. The mother, \_\_\_\_\_, shall appear with her driver's license or other identification that has a photograph of her. She shall comply with the laboratory's standard procedure for identification including, but not limited to, fingerprinting and photographs. **The Unit will provide to the mother a cover letter along with this order that states the date, time and location for mother to appear for testing.**

The alleged father, \_\_\_\_\_, shall present himself at the time and location specified by the Child Support Recovery Unit (the Unit) for the purpose of having specimens drawn. The alleged father, \_\_\_\_\_, shall appear with his driver's license or other identification that has a photograph of him. He shall comply with the laboratory's standard procedure for identification including, but not limited to, fingerprinting and photographs. **The Unit will provide to the alleged father a cover letter along with this order that states the date, time and location for the alleged father to appear for testing.**

The child(ren)'s custodian, \_\_\_\_\_, shall present the child(ren) named above at the time and location specified by the Child Support Recovery Unit (the Unit). The custodian shall appear with the child(ren)'s \_\_\_\_\_ to serve as identification for the child(ren). **The Unit will provide to the children's custodian a cover letter along with this order that states the date, time and location for children to appear for testing.**

3. \_\_\_\_\_ facility is appointed as the expert. The specimens shall be subjected to analysis for comprehensive blood or genetic testing, by appropriate procedures, of inherited characteristics, and for proper analysis and interpretations of the results of the testing.
4. The expert named above is directed to prepare a verified report of the analysis and interpretation of the genetic test results, mail copies of the report to the Unit, and forward the original copy of the test report to the Clerk of Court of \_\_\_\_\_ County.
5. If the verified expert's report concludes that the test results show that \_\_\_\_\_ is not excluded and that the probability of his paternity is 95 % or higher, there is a rebuttable presumption that he is the biological father, and the evidence is sufficient as a basis for administrative establishment of paternity. To challenge the presumption of paternity, a party must file a written notice of the challenge with the district court within 20 days from the date the genetic test results are issued or mailed to all parties. If a court hearing is scheduled to resolve the issue of paternity, a party must file a written notice no later than 30 days before the scheduled date of the court hearing, whichever is later. Any subsequent rescheduling or continuances of the originally scheduled hearing shall not extend the initial time frame. Any challenge to a presumption of paternity resulting from genetic tests, or to the genetic test results, filed after the initial time frame shall not be accepted or admissible by the Unit or the court.
6. The verified expert's report shall be admitted as evidence to establish administrative paternity. If a court hearing is scheduled to resolve the issue of paternity, the verified expert's report shall be admitted as evidence and is admissible at trial.
7. The costs of the genetic tests shall be paid by \_\_\_\_\_.
8. If genetic testing excludes \_\_\_\_\_ as the biological father of the above child(ren), and no challenge to the genetic tests is received, the Unit will enter an order dismissing the action against \_\_\_\_\_ and the costs of the genetic tests shall be assessed against the Unit.

\_\_\_\_\_  
 Designee of the Administrator

\_\_\_\_\_  
 Date

Child Support Recovery Unit  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Service of Order**

I served a copy of this order and cover letter upon \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  by hand-delivery.  by regular mail to the last known address of the party or the last known address of his/her attorney.

\_\_\_\_\_  
Child Support Recovery Unit

Original Filed.

Copy to:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

**IMPORTANT NOTICE TO THE ALLEGED FATHER**

**EVEN IF YOU HAVE ALREADY REQUESTED A COURT HEARING – IF YOU FAIL TO APPEAR FOR THE GENETIC TEST, THE UNIT WILL ENTER A DEFAULT ADMINISTRATIVE ORDER FINDING YOU TO BE THE FATHER OF THE CHILD(REN) NAMED ABOVE, AND ORDERING YOU TO PAY SUPPORT, IF APPROPRIATE**