

Cause Number: _____
(Fill in the same cause number as your SAPCR, modification, paternity, termination, or enforcement case.)

In the Interest of the following Minor Child(ren):
(Print the full name of each child.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

In the _____
Court Number

- District Court
- County Court at Law of:

_____ County, Texas

Motion for Genetic Testing and Notice of Hearing

My name is: _____
First Middle Last

I am the: Petitioner Respondent in this case.

Genetic testing has not been completed in this case. I ask the Court to make appropriate orders for genetic testing as required by Texas Family Code, Chapter 160, Subchapter F, including orders for the advance payment of the cost of genetic testing.

All necessary parties are before the Court; it is medically practical to take blood, buccal cells, bone, hair, or other body tissue or fluid samples for genetic testing of each child who is the subject of this suit; and genetic testing is required by section 160.502 of Texas Family Code 160.502.

Respectfully submitted,

▶ _____
Your Signature.

I understand that I must let the Court and all attorneys in the case (or the party if that party is not represented by an attorney) know in writing if my mailing address or email address changes during this case. If I don't, then any notices about this case will be sent to me at the mailing address or email address on this form.

(PRINT your name and information.):

Name: _____ Telephone: _____

Email: _____ Fax # (if any) _____

Mailing Address: _____

Notice of Hearing

A hearing on this motion will be held on _____ at _____:_____ a.m. p.m.
Month / Day / Year Time

in the _____ County Courthouse, located
at _____ in _____,
Print Street Address of Courthouse. City
State of Texas.

Remotely, by other means (such as virtual court) (explain): _____

The purpose of the hearing is also to determine if Petitioner and the child should be ordered to submit to genetic testing.

Signed on: _____
Signature of Judge or Clerk

Certificate of Service

I certify that today I sent a true copy of this Motion for Genetic Testing and Notice of Hearing to each party or attorney of record in this case by: (Check one.)

Check all that apply.

- fax, to fax # (_____-)_____
- email, to _____
- electronically through the electronic filing manager
- certified mail return receipt requested
- U.S. Postal Service regular mail
- commercial delivery service.
- personal delivery



Your Signature

Date

Note: An **attorney of record** is an attorney who has signed pleadings or other forms in the case on behalf of a party or appeared for a party at a hearing. If a party has an attorney of record, send a copy of this document to the attorney instead of the party. If a party does not have an attorney of record, send a copy of this document directly to the party. Bring proof of delivery to the hearing.