



Child Support Program

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.

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 2>>

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Option 1

A. (Option used when the parent resides outside of Florida and is not incarcerated)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

B. (Option used when the parent is incarcerated)

We will arrange the date and time for genetic testing with the correctional facility.

C. (Option used when the parent resides in Florida and is not incarcerated and the Department schedules the appointment)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

You may also go to a local child support office between 9:30 and 3:00 ET and provide a sample any time before 45 days after the date of this notice.

D. (Option used when the parent resides in Florida and is not incarcerated and when the Department contracts with a scheduling vendor)

You must provide a sample for genetic testing no later than 45 days after the date of this notice.

You may select a location and schedule an appointment online at <insert URL>.

You will need the Activity Number listed above to schedule an appointment.

Appointments may also be rescheduled through this website.

E. (If private vendor collects the sample for genetic testing)

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

Option 2

Used only when Option 1.E. is selected. This option places the attached *Genetic Sample Collection for Paternity Testing* on a full separate page.



Child Support Program

Genetic 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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