



Child Support Program

Notice of Genetic Testing Appointment

<<Recipient Name>>
<<Recipient Address>>

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

We scheduled a genetic testing appointment to find out if <<Alleged Father Name>> is the biological father of the child(ren) named below:

Child's Name	Date of Birth
<<ChildName>>	<<ChildDOB>>

We scheduled this appointment because <<Alleged Father Name>> is named in an affidavit or written declaration that states he is or may be the child(ren)'s biological father. Your appointment date and time is:

<<Option 1>>

<<Option 2>>

If the child(ren) resides with you, you must bring the child(ren) for genetic testing.

If you are a nonparent caregiver, only the child(ren) must provide a sample.

If you are a minor parent, your parent or guardian must come with you to the appointment.

During your appointment, we will take a photo to verify your identity.

You must bring picture identification to identify yourself and the child. Valid adult identification includes:

- A state issued driver license or ID card
- A U.S. passport, a stamped foreign passport, or an ID card issued by the U.S. Bureau of Citizenship and Immigration Services
- A U.S. armed forces ID card
- State or federal inmate ID cards

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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

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Option 1

A. (If the recipient is **NOT** incarcerated)

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

B. (If the recipient **IS** incarcerated)

- a. We arranged the date and time for genetic testing with the <<correctional facility name>> correctional facility.

C. (If option 1.A is selected and recipient is in Florida add statement after option 1.A.)

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

Option 2:

A. (if the notice is being sent to the NCP)

You must follow all other requirements in the *Order to Appear for Genetic Testing*.

If you cannot appear at the date, time and place stated above, you must contact us at <<CountyPhoneNumber>> before the appointment to reschedule.

If you are an alleged father and do not appear or call ahead of time, your driver license may be suspended, you may be fined \$500, or both.

B. (If the notice is being sent to the CP)

If you cannot appear at the date, time and place stated above, you must contact us at <<CountyPhoneNumber>> before the appointment to reschedule.

If the child(ren) reside with you and you are receiving cash assistance, Medicaid or food assistance and do not appear or call ahead of time to reschedule, we will tell the Department of Children and Families or other state agency providing public assistance that you are not cooperating.

Important

If you do not cooperate, the Department of Children and Families or other state agency providing public assistance may:

- Cancel cash assistance for your family as provided by section 414.32(1) Florida Statutes,
- Impact/cancel benefits based upon cooperation requirements of the state providing public assistance.
- Cancel Medicaid and food assistance for you.

Medicaid and assistance for your child(ren) will continue.

Medicaid during pregnancy will continue.

If the child(ren) reside with you and you are not receiving cash assistance, Medicaid or food assistance and do not appear or call ahead of time to reschedule, we may close your case.

**Option 3: Used only when recipient resides in Florida and Option 1.C. is selected.
This is a full 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 by trackable delivery to:

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

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