



COURT APPROVED PARENTAGE TESTING

If you want a DNA test result can be used for a legal purpose such as to challenge a will, to give proof to a court of law, Change a birth certificate, etc., or to have a DNA test result that is recognized by government departments, most commonly (Child Support Agency, Births Deaths and Marriages, Family Law Court, Immigration, etc.), then this court approved parentage test is what you will need to have indisputable proof of parentage or non-parentage.

To complete this testing you only need to have the forms filled out, and make an appointment for sample collection and we take of everything from that point on.

You will require: The Mother's consenting DNA (with few exceptions), passport photos from all participants, and ID for persons over 18 years of age. Payment for the test should be given to the person who takes your samples.

The fee for the Court Approved Test is \$790 all-inclusive. (Includes DNA analysis of Mother, Father and Child, Samples collected at our nominated Medical Centre, mailing of results to all parties involved).

Forms following are to be completed. Note, some forms must be filled in on day of sample collection. Payment can be given to the sample collector (i.e. Doctor) on the day of sample collection.

- Ensure you sign Form 2 (affidavit) in the presence of a Justice of the Peace **on the same day** just prior to your appointment at the collection centre. Justices of the peace can be found in the yellow pages.
- **Part I** of Form 2 to be completed by **all** individuals over 18 years.
- **Part II** of Form 2 to be completed on behalf of any individual under 18 years (Child) by their legal guardian.
- Ensure passport sized photos of everyone giving DNA is attached to Form 4a at time of sample collection.
- Take all of the enclosed forms to the collection centre with your photo(s) and identification for each adult.

When you are ready call FREECALL 1800-000-362 to arrange for your sample collection, in your area. We have affiliated medical centres over Australia ready to take your samples for DNA analysis.

EXPLANATION OF THE TESTING

In general, the DNA of individuals is similar, however there are small regions that demonstrate variability. Parentage testing is based on comparing these variable regions from each of the people involved in the test.

The DNA extracted from the Mother's sample is compared with that from the child. Any DNA the child has that the Mother does not have **MUST** come from the biological Father. We compare this with the sample from the nominated Father. If this does not contain **ALL** of the DNA, he is excluded with 100% certainty.

If the DNA does match, we then calculate the likelihood of a person chosen at random from the population, having the same genetic makeup at the sites we have examined. The testing will determine paternity to at least a 99.5% certainty (Relative Chance of Paternity), and will determine if an individual is not the Father with 100% certainty. A close blood relative of the putative father (eg brother) may have a similar chance of paternity if not excluded. We therefore recommend that in the situation where putative fathers are close blood relatives, both are tested when possible.

In cases where there is only one parent being tested with the **Court Approved Test**, there is a possibility that a report may be inconclusive. It is highly likely that the Relative Chance of Paternity may not exceed 99.5% as required when testing all three parties, (this could **ONLY happen WITH LEGAL TESTING, NOT WITH DNA SOLUTIONS' other tests**, such as the Easy, Premium or Super tests, since these tests are more thorough and specifically designed to give high accuracy with only one parent's DNA).

The testing process takes place about 10 - 15 working days to complete once we have received all samples. In cases where only a single parent is tested, a pre-natal sample is used, or the putative Fathers are close relatives, it may result in a longer time frame to report the results, as additional work is often required.

A copy of the report will be issued to all *adult participants* or their representatives. The paying *participant* will receive the original report and all other parties will receive a copy. The report will not be released until the test has been paid for in full. Please note we do not send out accounts unless they are specifically requested.

Should you have any further questions in relation to this test, please contact DNA SOLUTIONS on 1800-000-362.



FORM 2

Parentage testing procedure (affidavit by/ in relation to donor)
Part I and II [Subregulation 21F(1)]

Name of child whose parentage is in issue: _____

Name of donor : _____
(i.e. the name of the mother, assumed father, guardian or adult child completing the form)

What is your relationship to the child being tested: _____
(i.e. mother/ assumed father/guardian/adult child)

Name of the other party: _____

Date of sample collection: ____ / ____ / 20____

I _____ Telephone: _____
(insert name)

Of _____
(insert address)

Statement Make oath and say/affirm (please complete table below)

	Part I : Adult To be completed by the person providing the sample (ie mother/ assumed father or adult child)	PART II : Child To be completed by the mother/guardian on behalf of a child (if under 18 years) or an adult not capable of signing
Photograph	Attachment A1 <div style="border: 1px solid black; width: 150px; height: 150px; margin: 10px auto; text-align: center; padding: 10px;"> Attach Photograph Here </div> I _____ <i>(insert name)</i> am the person appearing in the photograph being Attachment A1	Attachment A2 <div style="border: 1px solid black; width: 150px; height: 150px; margin: 10px auto; text-align: center; padding: 10px;"> Attach Photograph Here </div> _____ <i>(insert name of donor)</i> is the person appearing in the photograph being Attachment A2
Occupation of adult		Not applicable
Date of Birth		
Racial background		



FORM 2

Parentage testing procedure (affidavit by/ in relation to donor)
 Part I and II [Subregulation 21F(1)]

	Part I : Adult continued	PART II : Child continued
In last 2 years, I and/or child have suffered from leukaemia	Yes No	Yes No
In last 2 years, I and/or child have received a bone marrow transplant	Yes No	Yes No
I and/or child have received a transfusion of blood or blood product within the last 6 months	Yes No	Yes No
If YES to any of the above questions, please provide details		

Part I : Adult	PART II : Child
I consent to (a) the taking of a bodily sample(s)* from me on ___ / ___ /20___ (insert date sample is to be taken) at _____ _____ _____ (insert place sample is to be taken) for the purposes of a parentage testing procedure(s)*; and (b) the carrying out of the procedure(s)* on the sample(s)*.	I consent to (a) the taking of a bodily sample(s)* from donor on ___ / ___ /20___ (insert date sample is to be taken) at _____ _____ _____ (insert place sample is to be taken) for the purposes of a parentage testing procedure(s)*; and (b) the carrying out of the procedure(s)* on the sample(s)*.

*SWORN / AFFIRMED by the deponent at _____ on ___ / ___ /20___

Signature of deponent _____

Before me: _____
 (Name of person before whom the affidavit is sworn or affirmed)

 (Signature of person before whom the affidavit is sworn or affirmed)

* Delete where not applicable



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Name of donor : _____
(i.e. the name of the mother, assumed father, guardian or adult child completing the form)

What is your relationship to the child being tested: _____
(i.e. mother/ assumed father/guardian/adult child)

Name of the other party: _____

Date of sample collection: ____ / ____ / 20____

I _____ Telephone: _____
(insert name)

Of _____
(insert address)

Statement Make oath and say/affirm (please complete table below)

	Part I : Adult To be completed by the person providing the sample (ie mother/ assumed father or adult child)	PART II : Child To be completed by the mother/guardian on behalf of a child (if under 18 years) or an adult not capable of signing
Photograph	<p>Attachment A1</p> <div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; padding: 10px;"> Attach Photograph Here </div> <p>I _____ <i>(insert name)</i> am the person appearing in the photograph being Attachment A1</p>	<p>Attachment A2</p> <div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; padding: 10px;"> Attach Photograph Here </div> <p>_____ <i>(insert name of donor)</i> is the person appearing in the photograph being Attachment A2</p>
Occupation of adult		Not applicable
Date of Birth		
Racial background		



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*SWORN / AFFIRMED by the deponent at _____ on ___ / ___ /20___

Signature of deponent _____

Before me: _____
 (Name of person before whom the affidavit is sworn or affirmed)

 (Signature of person before whom the affidavit is sworn or affirmed)

* Delete where not applicable



FORM 4

Name of child whose Parentage is in issue: _____
(insert child's name)

1. I, _____
(name of sample collector)

of _____
(professional address)

(occupation)

(Telephone number)

took the bodily sample(s) *specified below at _____ am/pm* on ____/____/____
(Time) *(date)*

at _____
(Place of collection)

from the following person(s) *:

Name of person

Name of person

Name of person

Date of Birth

Date of Birth

Date of Birth

Type of sample

Type of sample

Type of sample

Identification *(if available)*

Identification *(if available)*

Identification *(if available)*

2. When I took the bodily sample(s) * specified above, I strictly observed the procedures provided under Part IIA of the Family Law Regulations.

3. I placed the bodily sample(s)* specified above in a container that was immediately sealed and then labelled in accordance with regulation 21I of the Family Law Regulations.

* Omit if not applicable

Signature: _____

Date: ____ / ____ / ____



FORM 4

Name of child whose Parentage is in issue: _____
(insert child's name)

1. I, _____
(name of sample collector)

of _____
(professional address)

(occupation)

(Telephone number)

took the bodily sample(s) *specified below at _____ am/pm* on ____/____/____
(Time) *(date)*

at _____
(Place of collection)

from the following person(s) *:

Name of person

Name of person

Name of person

Date of Birth

Date of Birth

Date of Birth

Type of sample

Type of sample

Type of sample

Identification *(if available)*

Identification *(if available)*

Identification *(if available)*

2. When I took the bodily sample(s) * specified above, I strictly observed the procedures provided under Part IIA of the Family Law Regulations.

3. I placed the bodily sample(s)* specified above in a container that was immediately sealed and then labelled in accordance with regulation 21I of the Family Law Regulations.

* Omit if not applicable

Signature: _____

Date: ____ / ____ / ____



PARENTAGE TESTING INFORMATION SHEET

NOTE: **Participation in this testing implies consent to release results to all participants and/or their legal representative/guardian, including photographic evidence of the identity of the participants.**
(All persons participating will receive a copy of results)

Name of child whose parentage is in issue:

Your name:

Your address:.....

.....

Telephone:

Signature:.....

Name of your Solicitor (if applicable)

Company:

Address:

.....

Telephone:

Name of the Other Party

Name of the Other Party's Solicitor

Company:

Address:

.....

Telephone:

WHO IS PAYING FOR THE TESTING ?

IF YOU ARE PAYING FOR THE TESTING:

Payment made directly to DNA SOLUTIONS PTY. LTD. by Cheque, Money Order, Credit card or Cash
or
Payment guaranteed to be made by your (Solicitor's) office upon receipt of account.

Solicitor's signature required below, or a letter from Solicitor.

Name of Solicitor: Firm Name:

Signature of Solicitor: Date:

Please provide written confirmation if your client is in receipt of a grant of Legal Aid



PATERNITY TESTING PAYMENT ADVICE

Payment is to be lodged at the time of sample collection. Payment can be given directly to the collector at the time of sample collection, or else payment can be made separately of sample collection using one of the methods below.

PLEASE TICK IN THE APPROPRIATE BOXES BELOW:

Payment Amount

- I am having a test with 1 alleged father, 1 child and 1 mother's sample: \$790
- I am having a test with 1 alleged father and 1 child only: \$790
NOTE: Child must be over 18 years of age, or else father must be sole guardian
- Also in the test are ___ additional Fathers and/or ___ Children to be tested: \$220 per additional person
- The child/ren is having their DNA taken separately from the Mother **and** Father (only applies if the child is under custody of welfare or other family members) \$55 for extra sample collection appointment

Payment Allocation

- I will be paying the full total amount of: \$ _____
- I will be paying part amount of: \$ _____ the remaining amount will be paid by:
 Name: _____
- I am not paying any part of this test, payment will be made by: _____

Payment options:

Visa MasterCard American Express

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

Name on Card: _____ Signed: _____

Cheque or Money Order

Please make all Cheques and Money Orders payable to **DNA SOLUTIONS in Australian dollars**. Cheques & Money Orders can be enclosed with samples at time of collection, or else sent directly to our address.