

## **INSTRUCTIONS TO PETITION THE COURT FOR PATERNITY DETERMINATION ONLY**

- 1. READ these instructions before proceeding.**
- 2. Fill in the blanks of the petition.**
- 3. Make two (2) copies of your completed petition (One for you and one for the opposing party.)**
- 4. File the original (the one you filled out) with the \$258.00 check/money order made out to:  
FAMILY COURT PROTHONOTARY  
100 N. Main Street  
Doylestown, PA 18901**
- 5. Please be advised that there is a fee with the Prothonotary to file this petition. This is in addition to the genetic testing fee of \$56.85 (for mother, father and child or children) that must be paid in cash at Domestic Relations if you are granted the right to genetic testing. Payment must be made prior to testing.**
- 6. You will receive notice of your hearing date. At that time you must serve the opposing party with a copy of the notice and the petition.**

**IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY, PENNSYLVANIA  
FAMILY DIVISION**

**: NO. AO6**

**vs.**

**:**

**: IN PATERNITY/GENETIC TESTING**

**ORDER FOR HEARING**

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ ,  
a hearing on the issue of Paternity and for Genetic Testing is scheduled for  
\_\_\_\_\_, 20\_\_\_\_ , at \_\_\_\_\_ a.m., Courtroom \_\_\_\_\_ ,  
Bucks County Justice Center, 100 N. Main Street, Doylestown, Pennsylvania, 18901

If you are incarcerated, you have the right to apply to the Court for a writ of habeas corpus ad testificandum to participate in the hearing/conference. You may also request to participate by telephone.

**BY THE COURT:**

\_\_\_\_\_  
J.

**IN THE COURT OF COMMON PLEAS OF  
BUCKS COUNTY, PENNSYLVANIA  
FAMILY DIVISION**

\_\_\_\_\_ Docket \_\_\_\_\_  
**Plaintiff**

vs \_\_\_\_\_ :

\_\_\_\_\_ **Complaint to Establish Paternity and  
Defendant for Genetic Testing**

Plaintiff, \_\_\_\_\_, requests genetic testing to establish paternity pursuant to 23 Pa. C.S. § 4343 and in support of that request states that:

1. Plaintiff is an adult individual who resides at \_\_\_\_\_  
\_\_\_\_\_
2. Defendant is an adult individual who resides at \_\_\_\_\_  
\_\_\_\_\_
3. Defendant is the natural mother and Plaintiff believes that he may be the natural father of the following child(ren):

Child's Name	Date of Birth
_____	_____
_____	_____

4. The above-named children reside at the following address with the following individuals:

Address:	Person(s) living with child	Relationship to child
_____	_____	_____
_____	_____	_____

5. Defendant was/was not married at the time the child(ren) was/were conceived or born

6. Defendant is/is not now married. If married, spouse's name: \_\_\_\_\_

7. There is/is not a custody, support or other action involving the paternity of the above named child(ren) now pending in any jurisdiction. Identify any such actions by caption and docket number \_\_\_\_\_

8. There has/has not been a determination by any court as to the paternity of the child(ren) in any prior support, custody, divorce or any other action. If so, identify the action by caption and docket number \_\_\_\_\_

9. Plaintiff agrees to pay all costs associated with genetic testing directly to the testing facility in accordance with the procedures established by that facility.

Wherefore, Plaintiff requests that the court order require the Defendant to submit to genetic testing and to make the child(ren) available for genetic testing.

\_\_\_\_\_  
Petitioner

I verify that the statements made in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Petitioner