FCA §565; S.S.L. 111-k Form 5-4

(Notice of Motion:

[NOTE: Confidential Information Form 4-5/5-1-d, Challenge to Testing

containing social security numbers of parties and Directive)

dependents, must be filed with this Petition] 1/2024

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

................................................................................

In the Matter of a Paternity Proceeding Involving

Docket No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child **NOTICE OF MOTION TO**

**CHALLENGE GENETIC**

**MARKER OR DNA**

Name of Mother **TESTING DIRECTIVE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Alleged Father

.................................................................................

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Local Social Services Official)

PLEASE TAKE NOTICE, that upon the annexed □ affirmation □ affidavit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , dated , a motion will be made before the \_\_\_\_\_\_\_\_\_\_\_\_ County Family Court at on or as soon thereafter as the parties can be heard for an order directing that not be required to submit to the administration and analysis of Genetic Marker or DNA tests.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or type name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney, if any

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney’s Name (Print or Type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney’s Address and Telephone Number

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIRMATION IN SUPPORT OF MOTION TO**

**CHALLENGE GENETIC MARKER OR DNA**

**TESTING DIRECTIVE**

affirms and states:

1. That I was served with an order requiring me to submit to a Genetic Marker or DNA test on at by a Social Services official concerning the paternity of a child born out of wedlock to on (A copy of said order is attached.)

2. That a petition to establish paternity (has) (has not) been filed concerning said child. (If filed, state Docket Number .)

3. That a Genetic Marker or DNA test should not be ordered in this case for the following reason(s) .

I affirm this \_\_\_ day of \_\_\_\_\_\_, \_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print or type name