

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.983(e),
MOTION FOR SCIENTIFIC PATERNITY TESTING


When should this form be used?

This form should be used when the mother or alleged father wants the court to order a **scientific paternity test** to determine the **paternity** of a minor child(ren).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

What should I do next?


A copy of this form must be mailed **or** hand delivered to the other party in your case.


When you have filed this motion, you are ready to set a **hearing** on this motion. You should check with the clerk, **family law intake staff**, or **judicial assistant** for information on the local procedure for scheduling a hearing. When you know the date and time of your hearing, you should file a **Notice of Hearing (General)**,  Florida Supreme Court Approved Family Law Form 12.923, or other appropriate notice of hearing form. A copy of this motion and the Notice of Hearing must be mailed **or** hand delivered to the other party in your case.

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. The words that are in “**bold underline**” in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

Special notes...

These family law forms contain an **Order on Motion for Scientific Paternity Testing**,  Florida Supreme Court Approved Family Law Form 12.983(f), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant to see if you need to bring it with you to the hearing. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

_____,
Petitioner,

and

_____,
Respondent.

MOTION FOR SCIENTIFIC PATERNITY TESTING

() Petitioner () Respondent certifies that the following information is true:

1. At this time, other than testimony, very little or no substantial proof of paternity or nonpaternity is available in this action.
2. I request, under section 742.12, Florida Statutes, that the Court enter an order for appropriate scientific testing of the biological samples of Petitioner and Respondent and the minor child(ren) listed below, so that a determination of paternity of the minor child(ren) can be made to a reasonable degree of medical certainty:

	Name	Birth date
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____
(6)	_____	_____

3. I request that the costs of the scientific testing initially be borne by () Petitioner () Respondent () both Petitioner and Respondent.

I certify that a copy of this document was [**one** only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date} _____.

() **Petitioner** () **Respondent or his/her attorney:**

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Dated: _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

- ___ Personally known
- ___ Produced identification
- ___ Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [*do not* fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the [**one** only] ___ petitioner **or** ___ respondent, fill out this form.