ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY *(Name, state bar number, and address):* TELEPHONE NO.: ATTORNEY FOR *(Name):*	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
In Re: Minor Child's Name: Date of Birth:	
ORDER AFTER HEARING FOR GENETIC (PARENTAGE) TESTING (JUVENILE COURT) ☐ **300 WIC** ☐ **602 WIC**	**Case Number**

1. This proceeding was heard
   On *(date):* at *(time):* in Dept.: Room:

   by: Judicial Officer *(name):*

   ☐ Father present ☐ Attorney present (name):
   ☐ Mother present ☐ Attorney present (name):
   ☐ Other present ☐ Attorney present (name):

2. **THE COURT ORDERS**

The child's (alleged) parent, _____ , who is presently incarcerated at _____ , (Bkg. # _____) submit to genetic testing to establish parentage.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____
Date Children Social Services Worker
It is so ordered,

_____ _____
Date Judicial Officer

(Seal) **CLERK'S CERTIFICATE**

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____ , Deputy