

FCA §565; S.S.L. 111-k

[NOTE: Confidential Information Form 4-5/5-1-d, containing social security numbers of parties and dependents, must be filed with this Petition]

Form 5-4
(Notice of Motion:
Challenge to Testing
Directive)
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
TESTING DIRECTIVE**

Name of Mother

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