

Request for paternity testing

Date of request:
(YYYY-MM-DD)

1. Requestor information

1.1 Lawyer info

Name:

Solicitor #:

Phone #:

Fax #:

Email:

1.2 Client info

Name:

Certificate #:

DOB:

(YYYY-MM-DD)

Issuing area office:

Occupation:

Employer/source of
income:

Income:

Gross:

Net:

Client is the:

Respondent

Applicant

1.3 Child information

Child(ren's) name(s):

Date of birth(s):

1.4 Opposite party's information

Name:

Address:

DOB:

(YYYY-MM-DD)

Occupation:

Employer/source of
income:

Income:

Gross:

Net:

Solicitor:

Certificate#:

2. Client's claim

2.1 Claim

Access

Custody

Custody and access

Other (if other, please specify)

Determination of paternity

Support-child

Support-spouse

Comments about the claim:

2.2 Counter claim

Access

Custody

Custody and access

Other (if other, please specify)

Determination of paternity

Support-child

Support-spouse

Comments about the claim:

2.3 Reason paternity is in issue

Applicant unsure of paternity
Applicant denying paternity

Respondent unsure of paternity
Respondent denying paternity

3. Anticipated outcome

Finding of:	Paternity	Non paternity			
Custody:	Sole	Joint			
Access:	None	Supervised	Limited	Defined	Generous
Child support:	Vary	Eliminate	Expunge / reduce arrears		
Spousal support:	Vary	Eliminate	Expunge / reduce arrears		

4. Details

4.1 Nature of relationship between mother & putative father::

Status: Married Cohabiting No formal relationship Casual

Date from:

(YYYY-MM-DD)

Date to:

(YYYY-MM-DD)

Comments:

4.2 Nature of relationship between child and putative father:

4.3 Summary of prior legal proceedings and if existing court order(s) exist, provide reasons for questioning paternity now:

4.4 Reasons for believing/doubting paternity and proof other than blood tests:

4.5 Other pertinent information (e.g.: prior agreements/arrangements concerning custody, access of support):

For more information on *General Policies on Paternity Testing*, see the *Legal Aid Ontario Disbursements Handbook*.

For assistance in completing this form, please contact the Lawyer Service Centre at 1-866-979-9934 (toll-free)

Please submit the completed form through *Legal Aid Online* using electronic document submission or LAOfax process.

Personal information in this form is collected under the authority of section 84 of the *Legal Aid Services Act* and is used in the general administration of the payment of lawyers accounts including: case management, application of block fees and tariff, discretion, reviews, disbursement authorization, expedite requests, late billing, hard cap, and recoveries; and, is used in the panel management of lawyers including investigations, panel suspension, and panel removal. Questions about this collection should be directed to the FIPPA coordinator, 40 Dundas Street West, Suite 200, Toronto, ON, M5G 2H1, 416-979-1446 or 1-800-668-8258.

Save form

Print form

Reset form