

Direction form

Family Law Reform Act 1969

.....

V

.....

Reference No of direction

Full name and date of birth of person to be tested to whom this form relates.

.....
(Insert title of proceedings.)

PART I

Notification of direction

The(name and address of court)

on day of 20.... directed that scientific tests be carried out in respect of the persons whose names are set out below for the purpose of ascertaining the

parentage of (name of person whose parentage is in dispute)

and that bodily samples be obtained from the persons named below on or before

the day of 20....

The name of the person appearing to the court to have the care and control of the person to whom this form relates who is under 16/a protected party*, is

.....(Signed)

.....(Print)

Proper Officer of the Court.

| Name | Address | Age |
|-------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*(Delete as appropriate.)

PART II

Request to sampler to obtain sample

To(name and address of sampler). You are hereby requested to obtain a bodily sample from (name of person to whom form relates).

The sample is to be obtained notwithstanding the refusal to consent of the person with care and control of(name of person to whom form relates). (Delete if not applicable)

You are further requested to send the sample obtained to (name and address of accredited body) (Delete if sampler is also tester)

Other samples will be obtained as follows:--

Name of person from whom sample will be obtained

Name, address and telephone number of sampler

.....
.....

.....(Signed)

.....(Print)

(To be completed where all the samples from the parties named in Part I are not to be obtained by the same sampler.)

Being unable to comply with the request set out above, I have

nominated(name and address of nominee) to obtain the sample.

.....(Signed)]

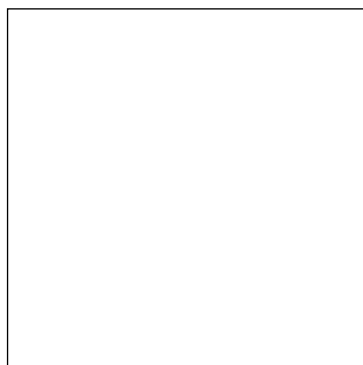
.....(Print)

(For use where sampler named above nominates another sampler.)

PART III

Photograph

Below, or attached to this form, is a photograph of the person to whom this form relates.



PART IV

(To be completed by sampler where sample is of blood)

I have questioned *(Insert name of person to whom this form relates or, in the case of a person under 16 or a protected party, person accompanying that person.)*

and it appears that he/she/the party to whom this form relates --

has/has not* been transfused with blood in the last three months;*

has not been injected with a blood product or plasma substitute;* has been injected with a blood product/

blood plasma* on or aboutand that the value of any tests will thereby be/not be affected.*

.....(Signed)

.....(Print)

(Sampler)

**(Delete as appropriate.)*

PART V

Declaration

(To be completed where the person to whom the form relates has attained the age of sixteen years and is not a protected party.)

I*(insert full name and address*

of person to whom the form relates) declare that the photograph attached to this form is a photograph of me and

that I am a person in respect of whom the above-named court gave a direction that [scientific tests] be made. I

hereby consent/do not consent* to a bodily sample being obtained from me for the purpose of such tests.

I do not consent because

(To be deleted unless the person making the declaration withholds consent and wishes to record the reason for so doing.)

I understand that it is a serious offence punishable by imprisonment to personate another person for the purpose of providing a bodily sample.

Date

.....(Signed)

.....(Print)

The above was explained to the declarant who stated that he/she understood it and signed it in my presence.

Date

.....(Signed)

.....(Print)

(Sampler)

*(Delete as appropriate.)

PART VI

Declaration

(To be completed where the person to whom the form relates has not attained the age of sixteen years or is a protected party.)

I(full name and address of person accompanying the subject) [*being the person having the care and control of (name of person to whom form relates)] declare that the person whom I identify to (insert name of sampler) and whose photograph is attached to this form is, to the best of my knowledge and belief) who is the son/daughter of(insert the name of mother of person identified.)

*Delete as appropriate

I, being the person having the care and control of the person to whom this form relates, consent/do not consent (Delete as appropriate) to a sample being obtained. I do not consent because:--

(To be completed if the person making the declaration withholds consent and wishes to record the reason for so doing.)

I understand that it is a serious offence punishable by imprisonment to personate another person for the purpose of providing a bodily sample or to proffer the wrong child for that purpose.

Date

.....(Signed)

.....(Print)

The above was explained to the declarant who stated that he/she understood it and signed it in my presence.

Date

.....(Signed)

.....(Print)

(Sampler)

*(Delete if not applicable.)

PART VII

(To be completed by sampler)

I have today obtained a bodily sample from to whom this form relates, whose [apparent] age is years. I identified him/her from the photograph attached to this form. He/She was also identified to me by*(Delete as appropriate)*

Date

.....*(Signed)*

.....*(Print)*

(Sampler)

OBSERVATIONS

(Any observations by the sampler, which may assist the tester, shall be inserted here)

PART VIII

(To be completed by sampler) (Delete if inappropriate)

The person to whom this form relates did not attend on the date originally arranged or on a new date arranged by me.

His/Her reasons given to me for failing to attend were as follows:

Date

.....*(Signed)*

.....*(Print)*

(Sampler)

PART VIIIA

Request to accredited body to carry out tests

To *(name and address of accredited body).*

You are hereby requested to carry out scientific tests on a bodily sample from*(name of person to whom form relates).*

PART IX

(To be completed by tester)

I have today received at *(insert place of receipt)* the sample referred to in Part VII of this form.

It was received by recorded signed for delivery/international* signed for delivery *(*Delete as appropriate)*

It was handed to me by

Date

.....*(Signed)*

.....*(Print)*