

**Child Support Services
Genetic Test Referral Form**

CONTACT INFORMATION												
Date Referral Made	[[]]			IV-D # (if known)	[[]]							
DCF Foster Care Liaison	[[]]			Phone	[[]]							
All contact should be coordinated directly with the referring Liaison or FC Administrator.												
Juvenile Court #	[]			Juvenile Court Judge	[[]]							
Date & time of next hearing	[[]]											
Assigned Attorney (GAL)	[[]]			CSO	[[]]							
Contractor Caseworker	[[]]			DCF/PPS Investigator	[[]]							
NOTE: A copy of the juvenile court determination authorizing buccal (mouth) swab test is mandatory.												
CHILD'S INFORMATION												
Name	[[]]											
DOB	[[]]			SSN	[[]]							
Tested at Court?	Yes	[[]]			No	[[]]		Date	[[]]			
*Provide a copy of the child's birth certificate.												
FOSTER PARENT INFORMATION												
Name	[[]]											
Current address	[[]]											
City	[[]]			State	[[]]		ZIP Code	[[]]				
MOTHER'S INFORMATION												
Name	[[]]											
DOB	[[]]			SSN	[[]]							
Current address	[[]]											
City	[[]]			State	[[]]		ZIP Code	[[]]				
Tested at Court?	Yes	[[]]			No	[[]]		Date	[[]]			
Department of Corrections ID (if applicable):				[[]]								
Was the mother married when the child was conceived or born?							Yes	[[]]		No	[[]]	
If yes, name of husband				[[]]								
FATHER'S INFORMATION												
Name	[[]]											
DOB	[[]]			SSN	[[]]							
Current address	[[]]											

City	[[]]	State	[[]]	ZIP Code	[[]]
Tested at Court?	Yes	[[]]	No	[[]]	Date
Department of Corrections ID (if applicable):			[[]]		
FATHER'S INFORMATION					
Name	[[]]				
DOB	[[]]	SSN	[[]]		
Current address	[[]]				
City	[[]]	State	[[]]	ZIP Code	[[]]
Tested at Court?	Yes	[[]]	No	[[]]	Date
Department of Corrections ID (if applicable):			[[]]		

1. The Journal Entry must be attached to this form and must list the mother and alleged father(s) by their name(s). **Referral cannot be processed if alleged parent is listed as unknown in the Journal Entry.
2. CSS staff will send letters stating appointment times and results of the tests to the above-named persons that were not tested at a court hearing or their attorney. The referring Liaison will be notified of any problems.
3. LabCorp requires that the child's SSN and parent photo identification be presented at appointment time.
4. If any father is presumed pursuant to K.S.A. 23-2208 and there is an alleged father as well, the court must have conducted a *Ross* hearing to determine that genetic testing is in the best interest of the child before CSS will process the request for testing. The JE showing that the court made this best interest determination must be provided with the form.

