

***PATERNITY TESTING INFORMATION FORM***  
**Richland County Common Pleas Court, Domestic Relations Division**

Case No. \_\_\_\_\_

Date of Testing: \_\_\_\_\_

<b>PARTIES</b>		
	<b>Plaintiff/First Petitioner</b>	<b>Defendant/Second Petitioner</b>
<b>Name:</b>		
<b>Address:</b>		
<b>Home Phone Number:</b>		
<b>Work Phone Number:</b>		
<b>Attorney's Name:</b>		
<b>Attorney's Phone Number:</b>		

<b>CHILD(REN) TO BE TESTED:</b>		
<b>Name(s):</b>	<b>Date(s) of Birth:</b>	<b>Living with:</b>