

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

Case No. _____

Date of Testing: _____

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

CHILD(REN) TO BE TESTED:		
Name(s):	Date(s) of Birth:	Living with: