

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: |
| | | |
| | | |
| | | |
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