



PATERNITY TEST AUTHORIZATION

The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

FM #

To:

[Empty box for recipient name and address]

COURT FILE #

COURT DATE (YYYY MMM DD) (if applicable)

FAX NUMBER

DATE (YYYY MMM DD)

DEAR SIR OR MADAM:
RE: FAMILY LAW ACT

MOTHER	MOTHER TELEPHONE	CITY OR TOWN OF RESIDENCE
ALLEGED FATHER / OTHER PARTY OR LAWYER FOR ALLEGED FATHER	FATHER TELEPHONE	CITY OR TOWN OF RESIDENCE
CHILD	BIRTHDATE (YYYY MMM DD)	

This will confirm that the Ministry of Social Development and Social Innovation will pay the sum of \$ _____ to _____, representing the cost of DNA Paternity testing.

Test results should be sent to the following:

FAMILY MAINTENANCE WORKER
 WORKER TELEPHONE
 ADDRESS

LAWYER FOR MINISTRY
 ADDRESS

LAWYER FOR OTHER PARTY / OR OTHER PARTY
 ADDRESS

Yours truly,

SUPERVISOR / MANAGER

REGION

EMPLOYMENT AND ASSISTANCE OFFICE STAMP

Note: Where the respondent is represented by counsel, a copy is to be provided to legal counsel