

Lead Body/Contacting Authority

Court Order Reference (if relevant/available)

Will this case involve parties using Legal Aid? YES / NO (circle as appropriate)

SLAB Certificate Number (if relevant/available)

Our Case Reference Number (to be assigned by dadcheck@scotland)

DCX

Date (document completed and sent to dadcheck@scotland)

DD / MM / YYYY

LEAD BODY/CONTRACTING PARTY PLEASE ENTER YOUR DETAILS HERE

Contact Name

Your Case Reference

Client Represented

Court Date (if applicable) DD / MM / YYYY

Case Password (if required)

Correspondence Address

(Firm/Local Authority)

(Number and Street)

(Area)

(Town/City)

(County)

(Post Code)

(Country)

Telephone

E-mail

Fax

CHILD'S DETAILS (CHILD 1 OR C-1)

Full Name
Date of Birth DD / MM / YYYY
Gender (M/F)
Swab Number (assigned by dadcheck@scotland)
Racial Origin Caucasian, Black, Asian, other (please specify)

DETAILS OF PERSON WITH PARENTAL RESPONSIBILITIES AND RIGHTS (PRRs) FOR CHILD 1

Full Name
Relationship to the Child*
Telephone Contact of Person with PRRs
E-mail contact of person with PRRs
Is an Interim Residence Order in place? (if so, please add reference)
Address for DNA testing kit to be sent** (Nominated Recipient, Practice or Surgery) (Number and Street) (Area) (Town/City) (County) (Post Code) (Country)

*e.g. mother, local authority or specified other; the person with Parental Responsibilities and Rights must be able to give appropriate and qualifying consent to the DNA test within the meaning of the Human Tissue Act 2004.

**if you wish us to arrange the sampling through one of our registered providers, please insert "dadcheck@scotland" in place of the address

MOTHER'S DETAILS (M)

Full Name
Date of Birth DD / MM / YYYY
Swab Number (assigned by dadcheck@scotland)
Telephone/e-mail Contact of Mother (if appropriate)
Address for DNA testing kit to be sent** (Nominated Recipient, Practice or Surgery) (Number and Street) (Area) (Town/City) (County) (Post Code) (Country)
Racial origin Caucasian, Black, Asian, other (please specify)

**if you wish us to arrange the sampling through one of our registered providers, please insert "dadcheck@scotland" in place of the address

ALLEGED FATHER'S DETAILS (ALLEGED FATHER OR AF-1)

Full Name
Date of Birth DD / MM / YYYY
Swab Number (assigned by dadcheck@scotland)
Telephone/e-mail Contact of Alleged Father (if appropriate)
Address for DNA testing kit to be sent** (Nominated Recipient, Practice or Surgery) (Number and Street) (Area) (Town/City) (County) (Post Code) (Country)
Racial origin Caucasian, Black, Asian, other (please specify)

**if you wish us to arrange the sampling through one of our registered providers, please insert "dadcheck@scotland" in place of the address



For additional children or second alleged father, please download the relevant additional donor form from our website.

Additional children: form attached? YES / NO (circle as appropriate)

Number of additional children to be tested: # _____

In Legal Aid cases, a second alleged father (AF2) must be treated as a new case.

Is there likely to be a second alleged father? YES / NO (circle as appropriate)

Case Notes

THIS ORDER CONSISTS OF 4 PAGES AND ___ * ADDITIONAL PAGES
*INSERT NUMBER

PLEASE MAIL/E-MAIL/FAX THIS FORM (DETAILS BELOW)
YOU MAY ALSO CALL US TO PLACE THE ORDER OVER THE TELEPHONE.

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