



APPLICATION FOR A DNA TEST WITH LEGAL PROVISIONS
 Form for lawyer or other professional representative

Complete this form and send it via fax, email or mail to the contact information in the header. We will communicate directly with the clients in order to schedule the buccal swabs appointments. The results will be sent to each legal representative by regular mail. The results will also be sent by regular mail to any participant with no legal representative.

Select the type of DNA test Paternity Maternity Other: _____

Requested by (must be a lawyer or a representative of the client):

Who do you represent? Alleged father Mother Child Other or N.A.: _____
 (check all that apply)

Date: / _____ /

Full name:

Phone 1

Phone 2 (optional)

Email 1(optional)

Email 2 (optional)

Address:
 Street

App/Suite

City

Province/State

Postal Code -

Country Canada Other: _____

Payment information

- The full payment or the payment authorisation for the services must be received before the samples are collected.
- Administrative fees will be applicable if the casework is cancelled before the start of the analysis.
- Appointments cancelled without given 2 business day notice, or no show are billed at 85\$+taxes penalty fees.

Split or full payment?

We will pay the full fees : Total = . \$CAD

The fees will be split between the parties. Our part of the payment will be : . \$CAD

For the rest of the payment contact:

Name:

Tel:

Select a method of payment

a. Money order.

My money order is included and made payable to DNAForce Inc.

b. Certified cheque.

My certified cheque is included and made payable to DNAForce Inc.

c. Paid by legal aid

I include a copy of the letter produced by legal aid confirming the payment of the testing fees for this casework.

d. Credit card

Type: VISA MASTERCARD

Number on the card:

Expiration date: /

Name on the cart, EXACTLY:

Signature of the card holder : _____

e. Other

explain: _____



If the test involves more than 2 donors, make copies of this page as needed.

Alleged father

Full name of alleged father:	<input type="text"/>
Date of birth of alleged father:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the alleged father a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If minor, name of legal guardian:	<input type="text"/>
Phone 1	<input type="text"/>
Phone 2 (optional)	<input type="text"/>
Email 1 (optional)	<input type="text"/>

Child

Full name of child:	<input type="text"/>
Date of birth of child:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the child a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If minor, name of legal guardian:	<input type="text"/>
Phone 1	<input type="text"/>
Phone 2 (optional)	<input type="text"/>
Email 1 (optional)	<input type="text"/>