Reset Form

PATERNITY TESTING INFORMATION D.R. FORM 16.00

Erie County Common Pleas Court, Domestic Relations Division

Case No: _____

Date of Testing: _____

PARTIES		
	PLAINTIFF/FIRST PETITIONER	**DEFENDANT/SECOND PETITIONER**
Name		
Address		
Home Phone No.		
Work Phone No.		
Attorney's Name		
Attorney's Phone		

CHILDREN TO BE TESTED		
NAME(S):	**DATE(S) OF BIRTH:**	**LIVING WITH:**

PRINT FORM