

**IN THE COURT OF COMMON PLEAS OF JUNIATA COUNTY, PENNSYLVANIA  
41<sup>ST</sup> JUDICIAL DISTRICT**

\_\_\_\_\_   
Plaintiff

vs.

Docket \_\_\_\_\_

\_\_\_\_\_   
Defendant

**COMPLAINT TO ESTABLISH PATERNITY AND FOR GENETIC TESTING**

Plaintiff, \_\_\_\_\_, requests genetic testing pursuant to 23 Pa.C.S. §4343 and in support of that request states:

1. Plaintiff is an adult individual who resides at \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_
2. Defendant is an adult individual who resides at \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_
3. Defendant is the natural mother and Plaintiff believes that he may be the natural father of the following child(ren):

Child's Name:

Child's Date of Birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The above-named children reside at the following address with the following individuals:  
Address:                      Person(s) Living with Child:                      Relationship to Child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Defendant  was  was not married at the time the child(ren) was/were conceived or born

6. Defendant  is  is not now married. If married, name of Defendant's spouse:

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7. There  is  is not a custody, support or other action involving the paternity of the above-named child(ren) now pending in any jurisdiction. Identify any Juniata County actions by caption and docket number below:

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8. There  has  has not been a determination by any court as to the paternity of the child(ren) in any prior support, custody, divorce or any other action. Identify any Juniata County action by caption and docket number:

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9. Plaintiff agrees to pay all costs associated with genetic testing directly to the testing facility in accordance with the procedures established by that facility.

Wherefore, Plaintiff requests that the Court order the Defendant to submit to genetic testing, and to make the child(ren) available for genetic testing.

Respectfully submitted:

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Plaintiff/Attorney for Plaintiff

**IN THE COURT OF COMMON PLEAS OF JUNIATA COUNTY, PENNSYLVANIA  
41<sup>ST</sup> JUDICIAL DISTRICT**

\_\_\_\_\_  
Plaintiff

vs.

DR No: \_\_\_\_\_

\_\_\_\_\_  
Defendant

**VERIFICATION**

I verify that the statements made in this Complaint to Establish Paternity and for Genetic Testing are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS OF JUNIATA COUNTY, PENNSYLVANIA  
41<sup>ST</sup> JUDICIAL DISTRICT**

\_\_\_\_\_  
Plaintiff

vs.

Docket: \_\_\_\_\_

\_\_\_\_\_  
Defendant

**NOTICE OF HEARING AND ORDER**

**YOU HAVE BEEN SUED IN COURT.** If you wish to defend against the claims set forth in the following papers, you must appear at the hearing scheduled below. If you fail to do so, the case may proceed against you and a final order may be entered against you granting the relief requested by the plaintiff.

Plaintiff and Defendant are directed to appear on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ .m. in Room \_\_\_\_\_ for a hearing on Plaintiff's request for genetic testing. If you fail to appear as ordered, the court may enter an order in your absence requiring you and your child (ren) to submit to genetic tests.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

MidPenn Legal Services  
Suite 303  
3 West Monument St  
Lewistown, PA 17044  
(800)326-9177

**AMERICANS WITH DISABILITIES ACT OF 1990:** The Court of Common Pleas of Juniata County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office at (717) 582-5143 at least 72 hours prior to the conciliation. You must attend the scheduled conciliation.

BY THE COURT:

Date: \_\_\_\_\_ J.

**IN THE COURT OF COMMON PLEAS JUNIATA COUNTY, PENNSYLVANIA  
41<sup>ST</sup> JUDICIAL DISTRICT**

\_\_\_\_\_  
Plaintiff

DR No: \_\_\_\_\_

vs.

\_\_\_\_\_  
Defendant

**AFFIDAVIT OF SERVICE**

I, \_\_\_\_\_ (print name of person making service), hereby certify that

on \_\_\_\_\_ (date service made), I personally served \_\_\_\_\_  
(name of person served) with a true and correct copy of the Complaint to Establish Paternity and for Genetic Testing and the Notice of Hearing and Order in the above case, by handing to (check one below):

\_\_\_\_\_ the defendant

\_\_\_\_\_ an adult member of the family with whom defendant resides (print name and/or  
relationship of the adult served):

\_\_\_\_\_ an adult in charge of defendant's residence (print name and/or position of the adult  
served):

\_\_\_\_\_ at (print address at which service was made):

\_\_\_\_\_  
I verify that the statements made in this Affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Service

NOTE: Service may be made on the defendant by any person 18 years of age or older, **WHO IS NOT A PARTY TO THIS ACTION**, nor an employee or relative of a party to this action. Service is complete by handing a copy of the complaint to the defendant, or to an adult member of the family with whom the defendant resides, or the adult person in charge of defendant's residence, or to the clerk or manager of the hotel, inn, apartment house, boarding house or other place of lodging where defendant reside, or at any office or usual place of business of the defendant, to the defendant's agent or to the person for the time being in charge of the business.

THE PERSON MAKING SERVICE MUST COMPLETE ALL INFORMATION IN THE AFFIDAVIT AND THE  
PLAINTIFF MUST FILE THE COMPLETED AFFIDAVIT TO THE PROTHONOTARY, 1<sup>ST</sup> FLOOR,  
COURTHOUSE, MIFFLINTOWN, PA 17059

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