

Identity Solutions (877-873-5465)(336-855-6170)(Fax 336-855-6585)
311 S Westgate Dr, Ste F, Greensboro NC 27407

Account Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: (____) _____ Fax: (____) _____

{The above contact person is authorized to speak with Identity Solutions regarding this case.}

Mail Original Report To:

Mail Copy To:

{LIST THE NAMES OF THE PARTIES BEING TESTED ONLY}

Mother's Full Name: _____ Race: _____ DOB: _____

Child's Full Name: _____ DOB: _____

Child's Full Name: _____ DOB: _____

Alleged Father's Full Name: _____ Race: _____ DOB: _____

Additional Alleged Father's Full Name: _____ Race: _____ DOB: _____

Legal Guardian of the Child(ren): Name: _____

[Requested cities for sample collection] **SAMPLE COLLECTION APPOINTMENTS () TOGETHE () SEPARATE**

Mother/Child(ren): City _____ State: _____ Alleged Father: City: _____ State: _____

TYPE OF TESTING REQUIRED *PRICE INCLUDES MOST COLLECTION FEES AT COLLECTION SITE*

Standard Paternity Test: [mother, child, alleged father] additional parties at \$150.00 **\$350.00/trio** _____

Two Party Case: [child and one alleged parent] additional parties at \$150.00/person **\$350.00/duo** _____

(If legal results are not necessary 2 options are available. These results are not accepted in court cases)

Self Collection [mother, child, alleged father] additional parties at \$100.00/person **\$199.00/trio** _____

\$70.00 Self Collection+\$20.00 kit [child & alleged parent] add'l party \$90.00/person **\$90.00/duo** _____

PRICE INCLUDES MOST COLLECTION FEES AT COLLECTION SITE

Additional testing services such as family studies, deceased party or forensic (criminal or non-criminal) please inquire

PAYMENT ENCLOSED *PREPAYMENT REQUIRED FOR SCHEDULING / RETURN WITH APPLICATION *

Attorney's Trust Account Check () Money Order / Cashier's Check () Master Card/Visa Card / Discover Card ()

Credit Card Number: _____ 3 Digit Verification Code: _____ Expiration Date: _____

I hereby give permission to Identity Solutions to bill the credit card listed above for the following amount: \$ _____

Print Name: _____ **Signature:** _____

Card holders mailing address: _____ **Telephone:(____)** _____

WE DO NOT ACCEPT PERSONAL CHECKS.

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