



# PROTOCOL: Paternity (Genetic) Testing

## OVERVIEW

When the Court orders paternity testing, the CFS Social Worker is responsible for referring clients for testing, and notifying clients when they are scheduled. Paternity is established by collecting and testing a genetic sample from the alleged father(s) and child(ren); in rare circumstances, a mother may be ordered to provide a genetic sample. The Department has a contract with Laboratory Corporation of America Holdings (LabCorp) to conduct paternity testing services.

## SOCIAL WORKER PROCEDURES

STEP 1

After the Court orders a paternity test be administered, the Social Worker will retain a copy of the [Order for Genetic \(Parentage\) Testing, FL-627 judicial form](#), and complete the [CFS Genetic \(Parentage\) Testing Request \(CFS GT 01\) form](#), available in both STARS and CWS/CMS. Examples of each are attached.

**Requests for information related to existing child support orders and parentage inquiries can be faxed directly to Ashley McGee from the Department of Child Support Services (DCSS) at fax number (925) 335-3652.**

STEP 2

Email a copy of the FL-627 and completed CFS GT 01 to the appropriate inbox for your District with **Genetic Testing Request** in the subject line. One of the designated clerks monitoring the inbox for your District will complete and submit an appointment request through LabCorp's online scheduling portal.

CENTRAL COUNTY INBOX	EAST COUNTY INBOX	WEST COUNTY INBOX
<a href="mailto:CFSgenetictestingCENTRAL@ehsd.cccounty.us">CFSgenetictestingCENTRAL@ehsd.cccounty.us</a>	<a href="mailto:CFSgenetictestingEAST@ehsd.cccounty.us">CFSgenetictestingEAST@ehsd.cccounty.us</a>	<a href="mailto:CFSgenetictestingWEST@ehsd.cccounty.us">CFSgenetictestingWEST@ehsd.cccounty.us</a>

STEP 3

The Social Worker will receive a confirmation email of the scheduled appointment(s) forwarded from a clerk, typically within 48 hours of the request. Attached to the email will be a letter from LabCorp detailing the testing date and location for each client. The Social Worker is responsible for notifying their client(s) and any out-of-home care providers of the date and location for testing.

- Please advise client(s) and out-of-home care providers to bring **two forms of identification with them** (e.g., Driver's License, Social Security card, Medi-Cal card, birth certificate, etc.) to the testing site; one of the forms must be a picture identification, per LabCorp policy. **One form of identification is also required for children.** In instances where no identification for the child (e.g., birth certificate) is readily available, other forms of identification that the caregivers can show on behalf of the child include the [DC 24 Medical Consent](#), [DC 5A Authorization of Medical Treatment](#), or the appropriate Placement Agency Agreement form.

- Explain what to expect with the testing procedure; LabCorp utilizes a non-invasive buccal swab to collect DNA specimens. The test just takes a few minutes. LabCorp then sends the sample to their validation laboratory in North Carolina. It typically takes 7 business days to process and validate the sample.
- If your client/clients inform you that the date/time they are scheduled to test does not work, notify your district's CFS Genetic Testing Inbox immediately, and provide a list of dates/times that are more convenient. A clerk monitoring the inbox can submit a request to LabCorp to reschedule the appointment and can provide this information.

**STEP 4**

After the DNA sample has been processed, LabCorp will send the results to the appropriate CFS Genetic Testing Inbox. The Clerk will forward these results to the Social Worker, who will need to print and attach the results to a Court Memo or Status Report to provide to the Court. Please consult with your supervisor and/or County Counsel on the best method to notify the parent(s) and child(ren) of paternity results.

**STEP 5**

Once the Court receives the results of a paternity order, **Parentage – Findings and Judgment, JV-501**, is made on the record. The Social Worker should ensure a copy of the signed and stamped JV 501 is placed in the case file and any confirmed paternity results are sent to the Department of Child Support Services (DCSS).

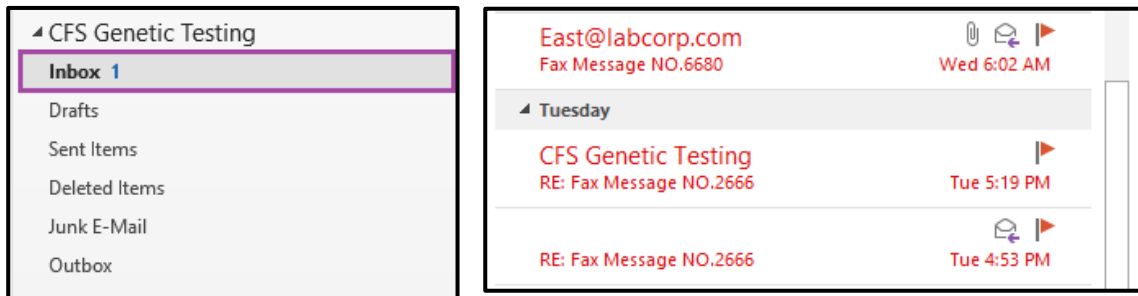
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## CLERICAL PROCEDURES

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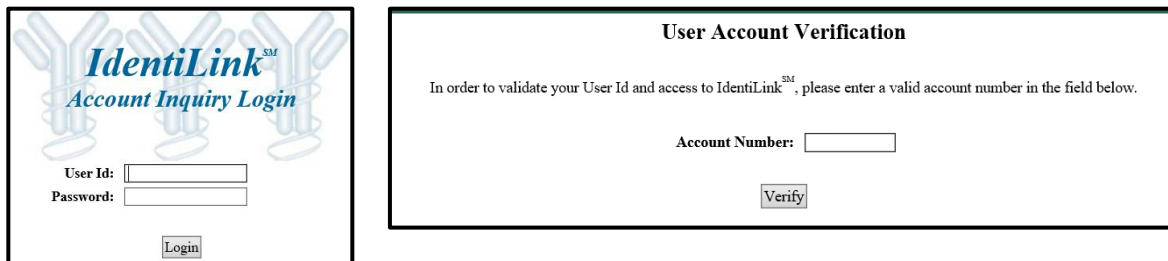
**STEP 1**

Monitor the CFS Genetic Testing inbox for any Social Worker requests for a court-ordered paternity test to be scheduled. Any requests should include a copy of the **FL-627** and **CFS GT 01**. The specific Genetic Testing inbox for your District (Central, East, West) should be visible in the sidebar of Outlook under your main inbox. Ensure any incoming messages you are processing are flagged immediately so the request is not repeated by another clerk who has access to the inbox.



**STEP 2**

When a request is received, go to <https://identilink.labcorp.com/identilink/login> and use your login information and Contra Costa's account number provided from LabCorp to sign into IdentiLink, the online scheduling portal.



**STEP 3**

Select Schedule in the menu sidebar, and then select the Schedule Collection link. Complete the **Schedule Account Information** page by entering the Social Worker's contact information, followed by inputting your designated CFS Genetic Testing inbox as the email address. The juvenile case number the Social Worker provided on the CFS GT 01 is the only Reference needed. Select "Continue" when all information is entered.



**Schedule Account Information**

Account: 04804950 - Contra Costa Co Cfs / \*\*\*\*original Stays\*\*\*\* - Pleasant Hill

Contact First Name:

Contact Last Name:

Phone Number:  Ext:

Fax Number:

Email:

Reference 1:

Reference 2:

Reference 3:

**STEP 4**

Input the information for the mother, alleged father(s), and child(ren) as listed on the CFS GT 01. Only the fields with asterisks need to be completed. Once the information has been entered, select "Continue."

- The mother is always listed as Party 1, even if she is not required to test. The alleged father is always listed as Party 2.
- If the mother is not required to test, put "MNT" as the first name, last name, and City. Ignore the "To be Collected" and "Use Previous Sample" check boxes if the mother is not required to test.
- If there are more than three parties (e.g., siblings, more than one alleged father, etc.), select "Add Party" to add another client.
- If a parent who is required to submit a genetic sample is incarcerated, select the "Inmate" button. Complete the information in the next screen (screenshot below) and then select "Save."

**Party 1**

\* Relationship: Mother 1 To be Collected:  Use Previous Sample:

\* First Name: MNT \* Last Name: MNT MI:

Address:

\* City: MNT \* State: California Zip:

DOB:  SSN:  Race:

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**Party 2**

\* Relationship: Alleged Father 1 To be Collected:  Use Previous Sample:

\* First Name: John \* Last Name: Testingagain MI:

Address:  Same as Above:

\* City: Pleasant Hill \* State: California Zip:

DOB:  SSN:  Race:

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**Party 3**

\* Relationship: Child 1 To be Collected:  Use Previous Sample:

\* First Name: Justine \* Last Name: Testingagain MI:

Address:  Same as Above:

\* City: Brentwood \* State: California Zip:

DOB:  SSN:  \*\* Gender: Female

**Inmate Party Information**

Name: John Testingagain

\* State: --Select a State

\* Prison: --Select a Prison

Inmate Number:

Prison Contact:

\* Prison Address & Phone Number:

If the prison is not listed, select "Not Listed" and enter the prison name and address in this box.

Review the information on the **Collection Schedule Information Verification** page. If the requesting Social Worker has indicated any comments on the CFS GT 01 (e.g., a morning appointment is preferred), select the Comments box and input the information before hitting "Save."

**Collection Schedule Information Verification**

Account Contact Information							
Account Number	Contact Person	Phone	Fax	Email	Reference 1	Reference 2	Reference 3
04804950	Clerk First Name Clerk Last Name	925.602.6111	925.602.6112	CFSgenetictesting@ehsd.cccounty.us	719-00000		

Schedule Party Information									
Relationship	Name	Address	DOB	SSN	Race/Gender	Collect	Deceased	Inmate	Previous Sample
M1	Jane Testingagain	Plensant Hill, CA 94523				No	No	No	No
AF1	John Testingagain	Plensant Hill, CA				Yes	No	No	No
C1	Justine Testingagain	Plensant Hill, CA			Female	Yes	No	No	No

[Edit Account Information](#)  
[Edit Party Information](#)

**Schedule Comments**

Include comments on Account Letter

**STEP 5**

The next page is the **Schedule Confirmation** page, which will indicate that the scheduling information has been received, along with a confirmation number. Select the View/Attach Documents link to upload the FL-627 and CFS GT 01.

**Schedule Confirmation**

Thank you for your schedule submittal.  
The Scheduling information has been received and a LabCorp Scheduling Request number assigned.

**Confirmation Number:** \_\_\_\_\_

M1  
C1            K    Washington  
C2            K    Washington  
AF1          M    Washington

For inquires on this schedule, refer to the above confirmation number.  
If there are any questions concerning this Schedule, contact Paternity Testing Services.  
Phone: 800.742.3944 / Fax: 800.821.9102

[View/Attach Documents](#)  
[Submit Another Schedule](#)  
[Return to Schedule Home](#)

No documents have been attached to this schedule yet.



Attached MW - Genetic Testing Request.pdf successfully.

[View Existing Documents](#)

Once the file is attached, select "Cancel" to return to the previous page.

**STEP 6**

An automated email from LabCorp indicating the scheduling information has been submitted and a request number has been assigned will be sent to the Clerk's designated Genetic Testing Inbox. The Clerk processing the request will forward the email to the Social Worker and copy in the Social Work Supervisor.

To: \_\_\_\_\_  
Cc: \_\_\_\_\_  
Subject: FW: Identilink (SM) Schedule Confirmation

Send

-----Original Message-----  
From: LabcorpIdentityTesting@labcorp.com <LabcorpIdentityTesting@labcorp.com>  
Sent: Tuesday, August 20, 2019 8:35 AM  
To: CFS Genetic Testing <cfsgenetictesting@ehsd.cccounty.us>  
Subject: Identilink (SM) Schedule Confirmation

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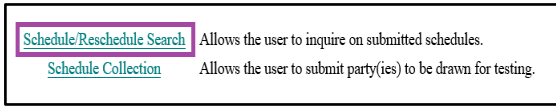
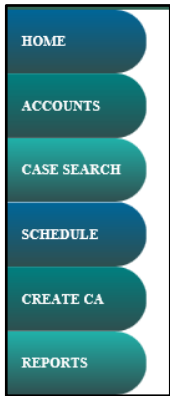
Your Scheduling information has been submitted and a LabCorp Scheduling Request number assigned.

For inquires on this reschedule, refer to the confirmation number - S190820094.

If there are any questions, please contact Paternity Testing Services.  
Phone: 800.742.3944 / Fax: 800.821.9102

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If an appointment needs to be rescheduled or an inquiry needs to be made on a submitted schedule, the Schedule/Reschedule link under the **Schedule** tab can be utilized to search for a particular client by name or reference number.



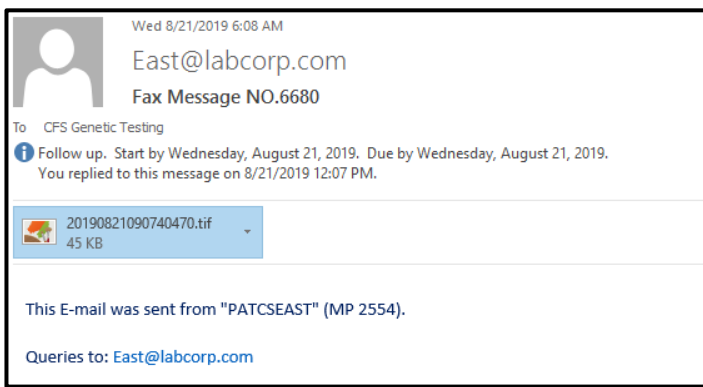
**Schedule Search**

Choose one of the following:  
 Name  Schedule Number  Reference Number  Last 4 Digits of SSN

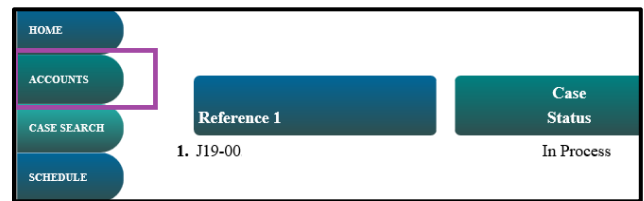
First Name:  Last Name:

**STEP 7**

Once an email from LabCorp which provides the appointment times and locations for the requested parties is received in the designated Genetic Testing Inbox, the Clerk will forward it to the requesting Social Worker, with the Social Work Supervisor copied in. The Social Worker is responsible for notifying the clients of their testing dates.

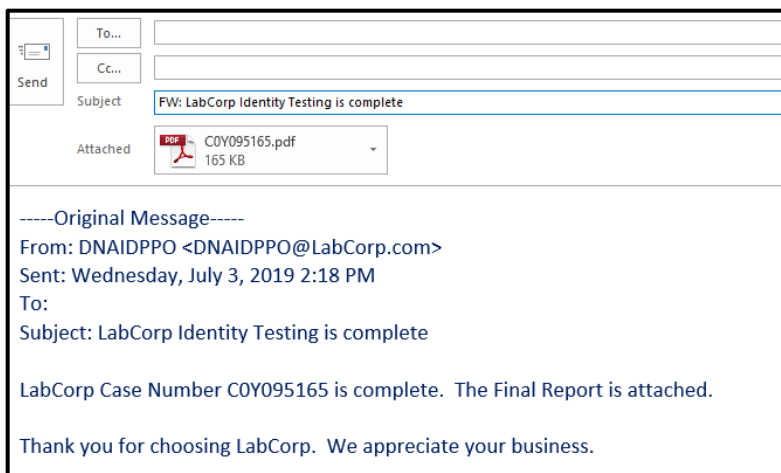


*If the status of a case that has been scheduled for testing is needed, this information can be found under the **Accounts** tab in the menu sidebar.*



**STEP 8**

When the results of the paternity test are available, a notification is sent to the designated Genetic Testing Inbox, along with a certified report that indicates the probability of paternity for the parties who submitted specimens. The Clerk will forward the email to the Social Worker and Social Work Supervisor.



ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address): <b>Contra Costa County Children &amp; Family Services</b>	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Contra Costa</b> STREET ADDRESS: 640 Ygnacio Valley Road MAILING ADDRESS: CITY AND ZIP CODE: Walnut Creek, CA 94596 BRANCH NAME: Juvenile Division	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>ORDER FOR GENETIC (PARENTAGE) TESTING</b>	

**THE COURT ORDERS:**

1. The alleged father (name): \_\_\_\_\_, mother (name): \_\_\_\_\_, and children (names): \_\_\_\_\_

in this case to submit to genetic (parentage) testing and the  alleged father  mother and  children to appear for this testing at the following time, date, and place:

Date:	Time:	Place:
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2. The court appoints as its qualified examiner and expert witness (name and address):

who will examine the genetic samples and issue a report of the findings on whether (name): \_\_\_\_\_ is the parent of any child in this case.

- 3. The county must advance the costs of the tests, examiner, and expert witness, subject to repayment as ordered by the court.
- 4. Other (specify):

**NOTICE**

Family Code section 7552.5(b) provides that the genetic test results will be admitted into evidence without the need for testimony unless a party files a written objection. This objection must be filed with the court at least five days before the hearing. The objection must also be served on all other parties at least five days before the hearing.

Date:

\_\_\_\_\_  
JUDICIAL OFFICER

# CFS Genetic (Parentage) Testing Request

SW Name: \_\_\_\_\_ Date: \_\_\_\_\_ Juvenile Case #: \_\_\_\_\_  
 SW Contact #: \_\_\_\_\_ SW Fax #: \_\_\_\_\_

### Mother Information

Name: \_\_\_\_\_ Current City of Residence: \_\_\_\_\_  
 Has mother been ordered to provide a genetic sample?  YES  NO  
 Has mother provided a genetic sample before?  YES  NO  Unsure  
 Is client currently incarcerated?  YES  NO  
 • If yes, *and* you are requesting a genetic sample from mother, please provide facility name, address, inmate number, prison contact, and phone number: \_\_\_\_\_  
 \_\_\_\_\_

### Alleged Father 1 Information

Name: \_\_\_\_\_ Current City of Residence: \_\_\_\_\_  
 Has father provided a genetic sample before?  YES  NO  Unsure  
 Is client currently incarcerated?  YES  NO  
 • If yes, please provide facility name, address, inmate number, prison contact, and phone number below:  
 \_\_\_\_\_

### Alleged Father 2 Information (if applicable). *If there are more than two alleged fathers, please use a separate form.*

Name: \_\_\_\_\_ Current City of Residence: \_\_\_\_\_  
 Has father provided a genetic sample before?  YES  NO  Unsure  
 Is client currently incarcerated?  YES  NO  
 • If yes, please provide facility name, address, inmate number, prison contact, and phone number below:  
 \_\_\_\_\_

Child Name	Current City of Placement	Gender

**Additional Comments** (e.g. please indicate if there are certain days or times of the week that would be more convenient for your client to test, if special accommodations are needed, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please submit this completed form to the appropriate Genetic Testing Inbox for your District:**  
[CFSgenetictestingCENTRAL@ehsd.cccounty.us](mailto:CFSgenetictestingCENTRAL@ehsd.cccounty.us), [CFSgenetictestingEAST@ehsd.cccounty.us](mailto:CFSgenetictestingEAST@ehsd.cccounty.us), or  
[CFSgenetictestingWEST@ehsd.cccounty.us](mailto:CFSgenetictestingWEST@ehsd.cccounty.us) with **Genetic Testing Request** in the subject line. The  
 court order for [Genetic \(Parentage\) Testing, FL-627 judicial form](#), must also be attached.