|  |  |
| --- | --- |
| **Our Ref:**  | Phone: Fax:  |

Genomic Diagnostics

PO Box 115

FITZROY VIC 3065

**By Email:** info@genomicdiagnostics.com.au

Dear Madam/Sir

**Appointment for Parentage Testing**

**Child:**

**Date of Birth:**

I act for the mother in the above matter. The respondent is . Please make arrangement for DNA parentage testing.

The details of the parties are as follows:

**Applicant/Mother:**

**Address:**

**Respondent/Father:**

**Address:**

Please arrange appointment times for my client and the respondent at the most convenient locations.

Please note that the parties have agreed to share the cost of the parentage testing and that Legal Aid NSW will meet ’s costs. Please send ’s invoice to his solicitor.

I look forward to receiving confirmation of the appointment details in due course.

Please forward any correspondence to me at marked to my attention.

Yours sincerely

**Solicitor**