

Superior Court of Washington, County of \_\_\_\_\_

In re parentage:

Petitioner/s (*person/s who started this case*):

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

And Respondent/s (*intended parent/s, or person acting as surrogate and their spouse, if any*):

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

No. \_\_\_\_\_

Motion for Genetic Testing - Surrogacy  
(MTBT)

Motion for Genetic Testing - Surrogacy

**To the parties:**

**Deadline!** Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at [www.courts.wa.gov](http://www.courts.wa.gov).

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

Read your county's Local Court Rules, if any.

**Bring proposed orders to the hearing.**

**To the person filing this motion:**

You must schedule a hearing on this motion. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

1. My name is: \_\_\_\_\_ . I signed a surrogacy agreement on (*date*) \_\_\_\_\_ and I agreed to act as a:

Gestational Surrogate

Genetic Surrogate

The other parties to the agreement are:

The intended parent/s (name/s): \_\_\_\_\_

My spouse (name): \_\_\_\_\_

2. **Allegation**

Conception has occurred. I had sexual intercourse around the time of assisted reproduction.

(Check one):

Birth has not occurred.

The child (name) \_\_\_\_\_ was born on (date): \_\_\_\_\_.

(Check one):

(Gestational Surrogate) The child may be my genetic child.

(Genetic Surrogate) The child may not have been conceived by assisted reproduction.

3. **Genetic Testing**

I ask the court to order genetic testing of the child and (name/s) \_\_\_\_\_  
\_\_\_\_\_.

The testing should be performed by an expert in the field of genetic testing, (name of lab or expert) \_\_\_\_\_, who should provide a report.

4. **Other** (specify): \_\_\_\_\_  
\_\_\_\_\_

**The person acting as a surrogate or lawyer fills out below:**

▶ \_\_\_\_\_  
Sign here Date

\_\_\_\_\_  
Print name (if lawyer, also list WSBA No.)

I agree to accept legal papers for this case at (check one):

Lawyer's address:

\_\_\_\_\_  
Lawyer's address city state zip

Email (if applicable): \_\_\_\_\_

the following address (this does **not** have to be your home address):

\_\_\_\_\_  
street address or PO box city state zip

Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.

(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the Notice of Address Change form (All Family 120). You must also update your Confidential Information Form (All Family 001).)