TENNESSEE BUREAU OF INVESTIGATION FORENSIC SERVICES DIVISION

REQUEST FOR CRIMINAL PATERNITY TESTING

Criminal Paternity Testing Supplemental Information

The questions listed below are designed to facilitate the proper testing sequence of criminal paternity testing within the Forensic Services Division and/or Private Forensic Laboratory. The Tennessee Bureau of Investigation will provide assistance with paternity testing only on cases that are of a criminal nature, such as a sexual assault. TBI management reserves the right to deny our participation if we deem the case does not fit this classification.

Submitting Officer: _____

Agency Number: _____

Please answer the questions to the best of your knowledge based on the facts known at the time of submittal.

1. Alleged Father's Name:_____

2. Are buccal swabs being submitted from the alleged father?

Yes ☐ **No** ☐

3. Mother's Name:_____

4. Are buccal swabs being submitted from the mother?

Yes ☐ **No** ☐

5. Which type of sample is being submitted for paternity comparison testing?

Buccal swabs ☐ **Fetal material (must be frozen)** ☐

6. Statement of facts:

Name: _____ Date: _____

Signature: _____

FOR LABORATORY USE ONLY
Lab No.: _____
Exhibit No.: _____