IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

25--005944

Case No.: _____
Division: _____

Jad A. Madi,
Petitioner,

DIVISION C-P

and

Ghada Maghrebi,
Respondent.

HILLSBOROUGH COUNTY CCC
[redacted]25 PM2:22

MOTION FOR SCIENTIFIC PATERNITY TESTING

(X) Petitioner ( ) Respondent certifies that the following information is true:

1. At this time, other than testimony, very little or no substantial proof of paternity or nonpaternity is available in this action.

2. I request, under section 742.12, Florida Statutes, that the Court enter an order for appropriate scientific testing of the biological samples of Petitioner and Respondent and the minor child(ren) listed below, so that a determination of paternity of the minor child(ren) can be made to a reasonable degree of medical certainty:

Name	Birth date
[redacted]	
(3)	
(4)	
(5)	
(6)	

3. I request that the costs of the scientific testing initially be borne by ( ) Petitioner ( ) Respondent (X) both Petitioner and Respondent.

I certify that a copy of this document was [√ **one** only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on *{date}* _____.

(X) Petitioner ( ) Respondent or his/her attorney:
Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

Dated: 10/04/2024
05/15/2025

_____
Signature of Party
Printed Name: Jad A. Madi
Address: _____
City, State, Zip: _____

Florida Supreme Court Approved Family Law Form 12.983(e), Motion for Scientific Paternity Testing (9/00)

REDACTED PUBLICATION COPY | Personal information removed

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to or affirmed and signed before me on MAY 05 2025 by Jad Al. Madi

NOTARY PUBLIC or DEPUTY CLERK

Mary Glover

Print, type or stamp commissioned name of notary or clerk.

___ Personally known
__✓ Produced identification
Type of identification produced FLDL

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [✍ fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the [√ **one** only] ___ petitioner **or** ___ respondent, fill out this form.

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