

IN THE CIRCUIT COURT OF THE
NINTH JUDICIAL CIRCUIT IN
AND FOR ORANGE COUNTY,
FLORIDA

MATTHEW C. WOOD
Petitioner,

CASE NO.: 2013-DR-011520

and

JADE N. COOK
Respondent.

MOTION TO INTERVENE

TAYLOR ALEXANDER HOEFT, by and through his undersigned attorney files the following MOTION TO INTERVENE as a party in interest according to Fla. R. Civ. P. 1.230:

1. Petitioner, MATTHEW C. WOOD, filed a paternity action on or about July 25, 2013.
2. That paternity action was served on JADE N. COOK on or about July 30, 2013
3. On or about August 16, 2013 JADE N. COOK filed an answer denying the allegations in the Petition Filed.
4. On November 16, 2011, TAYLOR ALEXANDER HOEFT, was DNA tested with Avani Wood and the results yielded a 99.96% of probability of him being the father of Avani Wood. As such, TAYLOR ALEXANDER HOEFT, has a major interest in the outcome of this litigation. (Attached – Exhibit A)
5. JADE N. COOK lived in Texas with the minor child under the care of TAYLOR ALEXANDER HOEFT and his family off and on until March, 2013.
6. While living in Texas, TAYLOR ALEXANDER HOEFT and his family provided for JADE N. COOK and the minor child financially, emotionally and physically.
7. Litigation for Establishment of Paternity by TAYLOR ALEXANDER HOEFT, began in Texas on July 26, 2013 under case number D-1-FM-13-004173 and was set for a hearing on August 14, 2013 that had to be cancelled to intervene in this case.

8. Petitioner's counsel was notified by the Texas attorney on or about July 30, 2013 as to the pending paternity action in Texas.
9. Petitioner's counsel was notified by TAYLOR ALEXANDER HOEFT'S counsel as to the involvement of TAYLOR ALEXANDER HOEFT on August 6, 2013 by email and on August 8, 2013 by phone with no return communication.
10. On August 8, 2013, TAYLOR ALEXANDER HOEFT, being made aware of potential litigation involving his child in Florida, he filed with the Florida Putative Father Registry (Attached – Exhibit B).

WHEREFORE, TAYLOR ALEXANDER HOEFT, asks this court to:

- A. Grant his MOTION TO INTERVENE in this action as a party of interest.
- B. Grant attorney's fees and costs associated with this motion.
- C. Grant any other award that is deemed fair and just.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U.S. Mail this 17th Day of September, 2013 to Jade N. Cook at 1701 Lee Road # M-428 Winterpark, Fl. 32789 and to Jed Berman, Esq. at jberman@infantinoberman.com

/s/ Ashley Filimon, Esq.
Ashley Filimon, P.A.
afilimon@legalperson.com
37 N. Orange Ave. Suite 500
Orlando, Florida 32801
407-488-1865
Florida Bar No. 0095954
Attorney for Intervenor-
TAYLOR ALEXANDER
HOEFT



AABB/ISO 17025
Accredited Parentage
Testing Facility



Genetic Testing Laboratories
MBC3ARP, Box 30001
Las Cruces, New Mexico
(575) 646-3465

The use of these results for Clinical Diagnostic purposes is strictly prohibited. The PowerPlex® 16 System is a registered trademark of Promega Corporation.

Attachment
Exhibit A

Results of DNA Analysis (Non-Legally Binding)

Photo ID's for the persons submitting these samples were not verified by witness.

<ORIGINAL SIGNED REPORT IN COLOR>

| Client Identification: | | Deborah Hoef | | OID: L11-11426 | | Report Release Date: 11/16/2011 | | NLB ANA UNZ+ | | Page 1 of 1 | |
|------------------------|--------------|-----------------------------|-----------|--------------------|-------------|---------------------------------|--|------------------|--------------|-----------------|--|
| Sample Identification: | | L11-11426-Manual Data Entry | | L11-11426-335-C | | | | | | | |
| Sample Source: | | Father (Alleged) | | Child (Focus) | | Mother (Not Tested) | | | | | |
| Name: | | Tested Man | | Tested Child | | | | | | | |
| Racial Database Used: | | Caucasian-American | | Caucasian-American | | | | | | | |
| Data Collected: | | October 18, 2011 | | November 8, 2011 | | | | | | | |
| STR Locus | Allele Range | Alleles Called | | Alleles Called | | Alleles Called | | Exclusion Status | Direct Index | Column Not Used | |
| D3S1358 | (12-20) | 16 | 17 | 16 | 17 | | | OK | 1.162 | | |
| TH01 | (4-13.3) | 6 | 9.3 | | | | | OK | 1.410 | | |
| D21S11 | (24-38) | 31.2 | 32.2 | 30 | 31.2 | | | OK | 2.867 | | |
| D18S81 | (8-27) | | 16 | 16 | 17 | | | OK | 3.071 | | |
| Penta E | (6-24) | 10 | 12 | | | | | OK | 1.194 | | |
| D5S818 | (7-16) | 12 | 13 | 12 | 13 | | | OK | 2.091 | | |
| D13S317 | (7-18) | 11 | 12 | 11 | 12 | | | OK | 1.669 | | |
| D7S820 | (8-14) | | 12 | | 12 | | | OK | 4.719 | | |
| D16S538 | (8-18) | 12 | 13 | | 13 | | | OK | 3.064 | | |
| G8F1PO | (8-16) | 11 | 12 | | 12 | | | OK | 1.867 | | |
| Penta D | (2.2-17) | 11 | 12 | 9 | 12 | | | OK | 1.049 | | |
| Amelogenin | (XY-XY) | | Male (XY) | | Female (XX) | | | N/A | N/A | | |
| YWA | (10-22) | 17 | 19 | 18 | 19 | | | OK | 3.563 | | |
| DSS17 | (7-16) | 13 | 15 | 13 | 15 | | | OK | 2.967 | | |
| TPOR | (8-15) | | 8 | | 11 | | | OK | 0.983 | | |
| FGA | (16-32) | | 22 | | 24 | | | OK | 2.167 | | |
| NOT USED | | | | | | | | | | | |
| NOT USED | | | | | | | | | | | |
| NOT USED | | | | | | | | | | | |
| NOT USED | | | | | | | | | | | |
| NOT USED | | | | | | | | | | | |
| NOT USED | | | | | | | | | | | |
| NOT USED | | | | | | | | | | | |
| NOT USED | | | | | | | | | | | |

Laboratory Batch Number: 113163130E1 | Notable Events: Exclusions-None; Infrequent Events-None. See COMMENTS section for additional information.

Statement of Results: Alleged relationship is not excluded.

Based on the DNA analysis, the alleged Father, Tested Man, cannot be excluded as the biological Father of the Child, Tested Child, because they share genetic markers. Of the genetic identity systems tested, 15 of 15 match. (99.995461664219% of the Caucasian-American male population is excluded from the possibility of being the biological Father). The probability of the stated relationship is indicated below, as compared with an unrelated, unrelated Caucasian-American male. Analyses, with the exception of sample collection, were conducted in accordance with the Standards for PCR DNA analysis set forth by the AABB.

| | | | |
|-----------------------|--------|---------------------------|------------------|
| Statistical Results: | | | |
| Combined Direct Index | 35,222 |Probability = | 99.997180945973% |
| Prior Probability | 0.50 |Statistical Constant | |

Comments: The DNA Profile for the Alleged Father was obtained from previous casework; L11-10697.

For legal and/or custody cases documentation of Informed Consent Notification and Sample Chain of Custody are included with this report. DNA amplified with PowerPlex® 16 System, detected using the ABI PRISM® 3130xl Genetic Analyzer and analyzed with GeneMapper® ID Software. *Exclusion Status: OK = (Alleged) allele(s) consistent with (Focus) allele(s). Testing performed by GTL Incorporated, a division of General Genetics Corporation. GTL is an AABB, A2LA, NATA and ISO 17025-2005 Accredited Facility.

/ 11/16/11
Dan J. Slowinski / Date (mm/dd/yy)
Laboratory Manager, GTL

/ 11/16/11
John B. Spalding, Ph.D., Jeongwoon Jun, Ph.D. / Date (mm/dd/yy)
Laboratory Director, GTL

Genetic Testing Laboratory - Sample Documentation and Consent Form

I submit these samples willingly and understand that the expert will perform this test in accordance with Accredited Standards in a confidential and professional manner. I acknowledge that the legal guardian or conservator consents to the parentage testing for minors or legally incompetent adults described within this document. I agree that once the sample has been taken that it becomes the property of GTL and I will no longer have access to the said sample unless otherwise dictated by a court of law.

The individuals involved in this testing have, have not undergone a blood transfusion or stem/bone marrow cell transplant in the last three months. If so, explain:

Samples Submitted By: Jared Cook
Printed Name

Signature** [Signature]
Signed on (mm/dd/yy) 11/8/11

Address: 1713 Jay St
Walnut Ridge AR 73476

Home Phone: 210-637-2504

Work Phone: _____

Other: _____

SAMPLE IDENTIFICATIONS

| Tamper Seal # | Names of Individuals Sampled | Race* (Check One Only) | Gender | Alleged Relationship With Group (Check One Only) |
|---------------|--|---|---|---|
| 335 | Wood, Avani M.I. Last First M.I. Sample Date: 11/8/11 (mm/dd/yy) | <input checked="" type="checkbox"/> Caucasian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> Other: | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Suspected Mother <input type="checkbox"/> Suspected Father <input type="checkbox"/> Suspected Grandfather <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Suspected Grandmother <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Other (Explain Below) |
| # | _____, _____ M.I. Last First M.I. Sample Date: ____/____/____ (mm/dd/yy) | <input type="checkbox"/> Caucasian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> Other: | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Suspected Mother <input type="checkbox"/> Suspected Father <input type="checkbox"/> Suspected Grandfather <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Suspected Grandmother <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Other (Explain Below) |
| # | 6, 11 M.I. Last First M.I. Sample Date: 7/____/____ (mm/dd/yy) | <input type="checkbox"/> Caucasian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> Other: | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Suspected Mother <input type="checkbox"/> Suspected Father <input type="checkbox"/> Suspected Grandfather <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Suspected Grandmother <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Other (Explain Below) |
| # | _____, _____ M.I. Last First M.I. Sample Date: ____/____/____ (mm/dd/yy) | <input type="checkbox"/> Caucasian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> Other: | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Suspected Mother <input type="checkbox"/> Suspected Father <input type="checkbox"/> Suspected Grandfather <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Suspected Grandmother <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal <input type="checkbox"/> Other (Explain Below) |

* Determination of relationship is based upon statistical data derived from racial genetic databases and is necessary to perform testing.

<<<If you want the actual names of the participants on your report, collection must be witnessed by an unrelated third party with no interest in the test outcome>>>

Relation of Witness to Test Participants: Grandmothers

Sampling Witnessed By: _____
Printed Name Signature Signed on (mm/dd/yy)

Contact Information: 1713 Jay St Walnut Ridge AR 73476
Street Address City State Zip Code

870-637-3752 Other Contact Info: _____
Phone Number

**Submittal of samples constitutes agreement to Terms and Conditions listed on reverse side of this page.

Order Number: 11306052

RECEIVED

Form Consists of Front and Back Page

Y:\GTL - Relationship DNA\Lab Documents\Forms\F-014 REV-9 CHG-0.doc

White - Lab Copy Yellow - Report Copy Pink - Client Copy

NOV 09 2011

Rec'd

Approved By: [Signature] Date: 03 / 28 / 11

11306052
(Invalid without approval signature.)

CAREFULLY READ the information provided on the reverse of this form. PLEASE TYPE OR PRINT CLEARLY.

Part 1 PUTATIVE FATHER'S (REGISTRANT) INFORMATION TO BE INCLUDED IN PUTATIVE FATHER REGISTRY

| | | | | |
|---|-------------------------------------|---------------------|------------------------------------|--------------------------|
| FULL NAME OF FATHER | FIRST Taylor | MIDDLE Alexander | LAST INCLUDING ANY SUFFIX Hoeft | DATE OF BIRTH 4-30-90 |
| RESIDENCE STREET ADDRESS (AND APT.) | CITY Austin | | STATE Texas | ZIP CODE 78703 |
| ALTERNATE/PHYSICAL ADDRESS (AND APT.), IF APPLICABLE | CITY Austin | | STATE Texas | ZIP CODE 78703 |
| DAYTIME TELEPHONE (INCLUDING AREA CODE) | CELL PHONE NUMBER (512) 803-7983 | FAX NUMBER | | |
| PHYSICAL DESCRIPTION OF FATHER Hgt: 6'5, Wgt: 165, Eyes: Blue, Hair: Brown | | | | |

Part 2 CONCEPTION INFORMATION

| | |
|---|---|
| DATE OF CONCEPTION (MONTH, DAY, YEAR) 03-27-10 | PLACE AND LOCATION OF CONCEPTION (Not limited to, but including city and state) Miami, Florida |
|---|---|

Part 3 AGENT/REPRESENTATIVE APPOINTMENT To receive notice of pending adoption, you MUST provide address information. This address cannot be a post office box. If you choose, you may designate another person as an agent or representative to receive notice of any termination of parental rights proceeding and/or adoption that is filed regarding the mother and child listed on this form. Said agent or representative MUST sign the acceptance of designation below in order to receive notice or service of process.

| | | | | |
|--|-------------|------------|-------|----------|
| PRINTED FULL NAME OF AGENT OR REPRESENTATIVE | FIRST | MIDDLE | LAST | SUFFIX |
| RESIDENCE STREET ADDRESS (AND APT.) | CITY | | STATE | ZIP CODE |
| SIGNATURE OF AGENT OR REPRESENTATIVE | | | | |
| DAYTIME TELEPHONE (INCLUDING AREA CODE) | CELL NUMBER | FAX NUMBER | | |

Part 4 MOTHER'S INFORMATION (If date of birth unknown, provide approximate age of mother)

| | | | | |
|-------------------------------------|--|------------------|-------------------------------|---------------------------|
| FULL NAME OF MOTHER | FIRST Jade | MIDDLE Nicole | LAST, MAIDEN OR LEGAL COOK | DATE OF BIRTH 04-18-91 |
| RESIDENCE STREET ADDRESS (AND APT.) | CITY Winter Park | | STATE Florida | ZIP CODE 32789 |
| PHYSICAL DESCRIPTION OF MOTHER | Hgt: 5'5, Wgt: 120, Eyes: Brown, Hair: Brown | | | |

Part 5 CHILD'S INFORMATION (If date of birth unknown, provide estimated date OR anticipated date of delivery in case where birth has not yet occurred)

| | | | | |
|---------------------------|---------------------------|-------------------------|-------------------------------|----------|
| FULL NAME OF CHILD | FIRST Avani | MIDDLE Gaia | LAST INCLUDING SUFFIX Wood | SEX F |
| DATE OF BIRTH 12-27-10 | CITY OF BIRTH Clermont | COUNTY OF BIRTH Lake | STATE OF BIRTH Florida | |

FEE FOR FILING & INDEXING YOUR CLAIM OF PATERNITY IN THE FLORIDA PUTATIVE FATHER REGISTRY
Check or money order payable to Vital Statistics in U.S. Dollars (DO NOT SEND CASH)

\$9.00

PUTATIVE FATHER'S ACKNOWLEDGMENT

To provide false information for fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes

I hereby swear or affirm to the best of my knowledge and belief that I am the biological father of the child referenced above and submit to and will pay for DNA testing, if requested, as provided by law. I understand this information will be included in the Florida Putative Father Registry and by filing this claim of paternity I am confirming my willingness and intent to support the child referenced above in accordance with state law.

Personally Known or Provided ID

TXDL # 20450670
Type of Identification Produced

PRINTED NAME OF PUTATIVE FATHER
Taylor Hoeft

SIGNATURE OF PUTATIVE FATHER

State of Texas County of Travis
Subscribed and sworn before me this 8 day of August, 2013

PRINTED NAME OF NOTARIZING OFFICIAL

SIGNATURE OF NOTARIZING OFFICIAL

