

**COURT REPORTING SERVICES  
CERTIFICATION OF PREGNANCY  
FOR MATERNITY/PATERNITY LEAVE**

Employee Name: \_\_\_\_\_

This form is to certify that the above named patient is under my professional care. The patient is pregnant with an approximate due date of \_\_\_\_\_. Additional comments/instructions: \_\_\_\_\_

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Physician's Signature: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Physician's Office Address:

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

Office Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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*This form is to be submitted to and maintained by the Chief Judge's office as documentation for a maternity/paternity leave, paid medical/FMLA leave and/or unpaid medical/FMLA leave request. A copy of this form should be submitted to Court Reporting Services prior to the beginning of the leave.*

*The following information should be completed by the supervisor and submitted to Court Reporting Services once the leave begins.*

Delivery Date: \_\_\_\_\_ Delivery Type:  Standard  
 Cesarean

Supervisor Signature: \_\_\_\_\_

**FAX TO COURT REPORTING SERVICES AT (217) 557-0267**