

**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: (_____) _____

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