

## Statement in Support of Need for Domestic Violence Leave

Name of employee \_\_\_\_\_ Date(s) of leave \_\_\_\_\_

I certify that I am [check one]

- a victim of domestic violence/abusive behavior
- a covered family member of a victim of domestic violence/abusive behavior  
[circle applicable relationship]  
spouse or fiancée of a victim of domestic violence, or individual with whom the victim of domestic violence has a substantive dating relationship and resides with

someone with whom the victim of domestic violence has a child in common

have the following relationship with a victim of domestic violence/abusive behavior

- parent
  - step-parent
  - child
  - step-child
  - sibling
  - grandparent
  - grandchild
  - guardian to a victim of domestic violence.
- a counselor
  - social worker
  - health care worker
  - member of the clergy
  - shelter worker
  - legal advocate
  - other professional who assisted in addressing the effects of the abusive behavior

The above employee requires or required leave from \_\_\_\_\_ to \_\_\_\_\_ for the following reason [check one]

- seek or obtain medical attention, counseling, victim services or legal assistance
- secure housing
- obtain a protective order from a court; appear in court or before a grand jury
- meet with a district attorney or other law enforcement official
- attend child custody proceedings
- address other issues directly related to the abusive behavior

I certify that the above information is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name