ATTENDANCE FORM FOR ALCOHOLICS/NARCOTICS ANONYMOUS MEETINGS

NAME: _____ SUPERVISION OFFICER: _____

The above captioned individual is required by his supervision conditions to attend Alcoholics Anonymous meetings. We would appreciate a member of the group signing this record of attendance at the END of each meeting. The defendant is expected to fill out all of the columns with the exception of the SIGNATURE OF CHAIRPERSON column. Your cooperation is greatly appreciated.

AA/NA GROUP	GROUP PHONE	TIME	DATE	NAME OF CHAIRPERSON	TOPIC OR SPEAKER NAME	SIGNATURE OF CHAIRPERSON

THIS FORM IS TO BE PROVIDED TO THE JUDGE/COURT STAFF AT EVERY COURT APPEARANCE