

# 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 will 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 REGULAR MEMBER column. Your cooperation is greatly appreciated.

| AA/NA GROUP | GROUP PHONE | TIME | DATE | NAME OF CHAIRPERSON | TOPIC OR SPEAKER NAME | SIGNATURE OF REGULAR MEMBER |
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**THIS FORM IS TO BE RETURNED TO SUPERVISION OFFICER WITH MONTHLY REPORT**