AA - NA Attendance

DEFENDANT'S NAME _____ OFFICER'S NAME _____

The following record is a true representation of the AA/NA meeting(s) that I have attended. I understand that falsifying or altering this document may constitute a criminal offense.

AA/NA GROUP	DATE	TIME	Member's Signature

The Community Supervision and Corrections Department believes in the anonymity of the 12 step program. Recovery is a process and we are asking that you please sign this sheet to document and verify the attendance of this meeting.

Defendant's Signature _____

Revised 5/01