MARION COUNTY DRUG COURT
AA/NA/CA VERIFICATION FORM

The individual possessing this form is required by our program to verify their attendance at AA/NA/CA or other approved meetings. We understand and respect that anonymity is a principle of all recovery programs. By providing the signature of your first name or initials you are verifying that the individual named below was on time and attended the entire meeting. THANK YOU!

CLIENT'S NAME: _____

NAME OF MEETING: _____

LOCATION: _____

DATE: _____ TIME: _____

CHAIRPERSON: _____

TOPIC OF DISCUSSION: _____

WRITE A SHORT SUMMARY OF THE MEETING AND HOW THIS TOPIC INFLUENCES YOUR PERSONAL RECOVERY. (If needed, the reverse side of this sheet may be used.)

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