

## Weekly Treatment Court AA/NA Attendance Verification Form

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting Secretary's Signature: \_\_\_\_\_

Briefly describe the meeting (open/closed, discussion or speaker, topic/theme):

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What did you do to participate? \_\_\_\_\_

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What did you get out of the meeting? \_\_\_\_\_

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Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting Secretary's Signature: \_\_\_\_\_

Briefly describe the meeting (open/closed, discussion or speaker, topic/theme):

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What did you do to participate? \_\_\_\_\_

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What did you get out of the meeting? \_\_\_\_\_

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