

NAME: _____

MEETING TYPE: _____



SUPPORT GROUP ATTENDANCE VERIFICATION

The above named person is on probation at the 62-B District Court (Kentwood). He/she is required to verify attendance at this support group. Please assist us by completing this form.

<u>DATE</u>	<u>LOCATION</u>	<u>SIGNATURE OF CHAIR AND PHONE NUMBER</u>	<u>TOPIC OF DISCUSSION</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

VERIFICATION SLIPS ARE NOT VALID WITHOUT THE CHAIR'S SIGNATURE AND PHONE #.