NAME: _____

SUPERVISION OFFICER: _____

THE ABOVE NAMED PERSON IS TO ATTEND A.A. AND/OR N.A. MEETINGS AS A CONDITION OF COMMUNITY SUPERVISION. WE WILL APPRECIATE THE CHAIRPERSON OF THE MEETING SIGNING THIS RECORD OF ATTENDANCE AT THE END OF EACH MEETING. YOUR COOPERATION IS GREATLY APPRECIATED IN ASSISTING THE NAMED INDIVIDUAL AND THE COMMUNITY SUPERVISION DEPARTMENT.

A.A. AND/OR N.A. GROUP	**TIME & DATE**	**CHAIRPERSON**	**MEETING TOPIC**

THIS FORM IS TO BE RETURNED TO THE SUPERVISION OFFICER AT EACH REPORT.

R 04-04