



PARTICIPANT NAME

#MEETINGS COMPLETED

#MEETINGS NEEDED

## Drug Court Proof of NA/AA Attendance

**PHASE 1: THREE MEETINGS PER WEEK**

**PHASE 2, 3, 4 & 5: TWO MEETINGS PER WEEK**

NAME OF YOUR SPONSOR: \_\_\_\_\_

WHICH STEP 1-12 ARE YOU WORKING ON WITH YOUR SPONSOR? \_\_\_\_\_

DESCRIBE THE WORK HE/SHE/THEY IS HAVING YOU DO: \_\_\_\_\_

Sponsor Contact Dates (AT LEAST 2 TIMES)

Signature/Initials

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

Date: \_\_\_\_\_

Group/Location: \_\_\_\_\_

Topic: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Group/Location: \_\_\_\_\_

Topic: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Group/Location: \_\_\_\_\_

Topic: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Group/Location: \_\_\_\_\_

Topic: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Group/Location: \_\_\_\_\_

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