AA/NA ATTENDANCE SHEET

PROBATIONER:_____ Probation Officer:
This form must be completed and turned in to the Probation Department by the end of each and every month. Compliance with Court-ordered counseling will not be shown unless this form is in your file.

MONTH OF:

DATE	LOCATION OF TREATMENT	TYPE (AA/NA)	SECRETARY VERIFICATION	ATTENDANCE TIME FROM - TO

CERTIFICATION

I certify that attendance to above sessions are true. I understand that any falsification of information is a violation of conditions of probation, and may cause revocation of probation.

PROBATIONER SIGNATURE _____DATE_____