## **AA/NA/GA VERIFICATION SHEET**

Due to your special condition(s), you are required to attend one (or \_\_\_\_\_) AA, NA or GA meetings per week. You must have the secretary of the meeting sign this form **AFTER THE MEETING HAS ENDED**. Please include the date of the meeting, the location and the time. Please submit this form to your probation officer along with your Monthly Supervision Report.

Date of Meeting	Location of Meeting (address & telephone number)	Signature of Meeting Secretary	Time that this form
			was signed