ADULT DRUG COURT
SAMPLE
SIGN IN SHEETS

idual hrda, carries this correspondence has been instructed to attend meetings in order to comply with Adult Drug Court conditions. To certify attendance it is requested that you sign this sheet as indicated.

ATTENDANCE VERIFICATION

DATE	TIME	PLACE OF MEETING	SIGNATURE OF CHAIRPERSON

HUMAN RESOURCE DEVELOPMENT ASSOCIATES, INC.
609 UNIVERSITY AVENUE
LAS VEGAS, NM 87701
(505) 454-8349 PHONE
(505) 454-0184 FAX

"ADULT DRUG COURT"

Date:

NAME:	DATE:	TIME IN	TIME OUT	REASON

ATTENDANCE VERIFICATION FORM

_____Attended the following (AA) (NA) Alcoholics Anonymous Group Meetings on the following dates:

(TIME ATTENDED)

DATE	FROM — TO —	PLACE	AUTHORIZED SIGNATURE

DRUG COURT ALUMNI GROUP

NAME _____

DATE	SPONSOR	VERIFIED

DRUG COURT SPONSOR VERIFICATION LOG

NAME _____

DATE	SPONSOR	VERIFIED

DRUG COURT 12 STEP VERIFICATION LOG

NAME _____

DATE	PLACE	CHAIRMAN	VERIFIED