

**MARION COUNTY DRUG COURT PROGRAMS  
PEER GROUP VERIFICATION FORM**

To be used with any:  
AA; NA; SMART Recovery; or other Peer/Community Support Group

The individual possessing this form is required by our program to verify their attendance at above mentioned meetings or other approved meetings. We understand and respect that anonymity is a principle of all recovery programs. By providing the signature of your first name or initials you are verifying that the individual named below was on time and attended the entire meeting. **THANK YOU!**

**CHAIRPERSON OR GROUP LEADER:** \_\_\_\_\_  
(First name or initials)

<b>To be Completed by the Participant:</b>	
NAME: _____	
NAME & TYPE OF MEETING: _____	
LOCATION: _____	
DATE: _____	TIME: _____
TOPIC OF DISCUSSION: _____	

**WRITE A SHORT SUMMARY OF THE MEETING AND HOW THIS TOPIC INFLUENCES YOUR PERSONAL RECOVERY. This section must be filled out to obtain credit.**  
(If needed, the reverse side of this sheet may be used.)

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