

MARION COUNTY DRUG COURT

PEER SUPPORT GROUP VERIFICATION FORM

The individual possessing this form is required by our program to verify their attendance at the above mentioned 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!

Clients name: _____

Name of meeting: _____

Location: _____

Date: _____ Time: _____

Chairperson: _____

Topic of Discussion: _____

Write a short summary of the meeting and how this topic influences your personal recovery. You may use the reverse side if necessary.
