

**RECOVERY MEETING
VERIFICATION SHEET**

Prior Approval is needed for
crediting if meeting is outside
Fayette County



STATE COURT OF FAYETTE COUNTY

For Questions or Comments
please contact

Martha Hall- DUI Court

Phone 770-716-4328

mhall@fayettecountyga.gov

As a condition of my involvement in the DUI Court of Fayette County, I _____ have been determined to be in need of a 12-Step Drug/Alcohol Abstinence and Recovery program. I am required to attend at least _____ meetings a week. I understand that without prior approval, credited meetings must occur within Fayette County, although I am urged to attend as many additional meetings as possible inside and outside of Fayette County. Currently, approved meetings in Fayette County are AA, NA, and CARTA.

NAME _____ *To Thine Own Self Be True* WEEK OF _____

1

Date		Group Name	
Time		Chair - First Name	
Location name		DL - First Name	
City		Topic	
Sponsor Name		Current Step	
Describe one thing you learned in the Meeting			
			Chair Initials

2

Date		Group Name	
Time		Chair - First Name	
Location name		DL - First Name	
City		Topic	
Sponsor Name		Current Step	
Describe one thing you learned in the Meeting			
			Chair Initials

3

Date		Group Name	
Time		Chair - First Name	
Location name		DL - First Name	
City		Topic	
Sponsor Name		Current Step	
Describe one thing you learned in the Meeting			
			Chair Initials

PARTICIPANTS SIGNATURE _____ DATE _____