TODD-WADENA COMMUNITY CORRECTIONS
CERTIFICATION OF AA MEETING ATTENDANCE

Name:_____ Phone:_____

THE FOLLOWING IS A TRUE AND ACCURATE RECORD OF ATTENDANCE

DATE	LOCATION OF MEETING	SIGNATURE OF GROUP MEMBER	GROUP MEMBER TELEPHONE NUMBER	CLIENT SIGNATURE	P.O. INITIALS

THIS CERTIFICATION IS TO BE REVIEWED BY PROBATION AGENT EACH MONTH AND INITIALED