

12- STEP MEETINGS
VERIFICATION FORM

This form must be completed and returned to your treatment counselor at the beginning of every week. Please have your sponsor or the person in charge of each meeting sign to verify your attendance. Please note that your attendance can and will be verified.

Name: _____

DOB: _____

DATE: _____ LOCATION: _____

TOPIC: _____

SIGNATURE OF SPONSOR/GROUP LEADER: _____

DATE: _____ LOCATION: _____

TOPIC: _____

SIGNATURE OF SPONSOR/GROUP LEADER: _____

DATE: _____ LOCATION: _____

TOPIC: _____

SIGNATURE OF SPONSOR/GROUP LEADER: _____

DATE: _____ LOCATION: _____

TOPIC: _____

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