MY NEXT CASE MANAGER MEETING IS

Date / Time: _____

Treatment Attendance Verification

	Date	Group or Individual?	Counselor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

E-mail is a good way to keep in touch with your Case Manager

john.r.dieter@ojd.state.or.us	503-988-4221
shelley.bailey@ojd.state.or.us	503-988-3391
tiffany.r.ellis@ojd.state.or.us	503-988-4398
julianna.b.lucisano@ojd.state.or.us	503-988-4069

DISP FAX 503-988-5818

DISP Website
http://courts.oregon.gov/multnomah

VigilNet 503-274-4188

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MULTNOMAH COUNTY CIRCUIT COURT
Attendance Verification Form

Name:_____

_____

I, the undersigned Secretary or Chairperson, verify that this person attended a regular twelve step recovery meeting.

Date	Meeting	Sec'y or Leader
1.		
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22.		
23.		

I understand my obligation to return this AA Verification Form to my Case Manager as directed and that failure to return this, or falsification of this form, is a violation of my probation.

Need to find a meeting? Portland AA Intergroup
503-223-8569 http://www.pdxaa.com

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