



**SPECIALTY COURT
RECOVERY SUPPORT
ATTENDANCE VERIFICATION**

_____ District/Circuit Court
Criminal Branch
_____ Division
Specialty Court

NAME: _____

DATE: _____

GROUP: _____

SIGNATURE OF GROUP CHAIRPERSON (TO BE SIGNED AT END OF GROUP)

DATE: _____

GROUP: _____

SIGNATURE OF GROUP CHAIRPERSON (TO BE SIGNED AT END OF GROUP)

DATE: _____

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