Case Manager:	Phase:
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DRUG TREATMENT COURT AA/NA/CA MEETINGS

NAME: _____

Date:	Date:	Date:
Group Name:	Group Name:	Group Name:
Topic: Time: Summary:	Topic: Time:	Topic: Time:
	_ Summary:	Summary:
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	_	
	-	
	Chairmangan's Signatures	Chairperson's Signature:
Chairperson's Signature:	Chairperson's Signature:	Chairperson's Signature:
	-	
Date:	Date:	Date:
Group Name:	Group Name:	Group Name:
Topic:	Topic:	Topic:
Time:	Time:	Time:
Summary:	Summary:	Summary:
	-	
	-	
Chairperson's Signature:	Chairperson's Signature:	Chairperson's Signature: