

Drug Court Community Service & Support Group Verification

Participant Name: _____

Community Service Providers and Support Group Leaders: *By recording community service hours or support group attendance below, you are certifying that the information contained on this form is true, complete, and correct to the best of your knowledge. Hours and attendance are subject to verification by the program staff.*

Community Service Hours				
Date	Location	Hours Worked	Supervisor Signature	Phone

Support Groups			
Date	Group Attended/Location	Group Leader Signature	Phone

Participant Acknowledgement: *I certify that the information contained on this form is true, complete, and correct to the best of my knowledge. I understand that providing false information on this form may result in program sanctions, including possible termination.*

Participant Signature

Date