

Name: _____ Case # _____

SELF-HELP MEETINGS PROOF OF ATTENDANCE

*Be sure to give this form to your lawyer before each court appearance (always keep a copy).
This form is to verify attendance at rehab programs. The meeting leader is requested to sign and return it to the individual attending. Thank you.*

MEETING NAME	DATE	SIGNATURE OF MTG. LEADER
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 Napa Court: 299-1180
 Sonoma Court: 521-6620
 Mendocino Court: 463-4211

AA Hotline/Meetings
 Napa: 500-7001 aanapa.org
 Sonoma: 544-1300 sonomacountyaa.org
 Mendocino: 462-7123 aaukiah.org
 Marin: 415-499-0400 aasf.org
 Solano South: 745-8822 aasolanosouth.org
 Solano North: 446-2244 haasolanonorth
LifeRing Meetings: lifering.org

Recovery Centers
 St. Helena Recovery: 866-346-3323
 Alternatives for Better Living: 226-1248
 Kaiser: 651-1000 (Vallejo outpatient)
 ADS: 253-4063 (county-outpatient)
 Duffy's: 888-717-9724
 Serenity Knolls: 415-488-0400
 Bayside Marin: 877-434-0107

McAllister: 257-1460
 Campobello: 579-4066
 Azure Acres: 823-3385
 Mountain Vista: 996-6716
 Turning Point: 284-2950
 Ohlhoff Ctr: 877-477-4543