KARE
Probation
Reinstatement

Monthly Meeting Documentation

Participar License N	Participant Name: Case Number:		-
		t 12-step meetings by completing the bmitted by the tenth (10th) of the fo	
<u>Date</u>	<u>Group</u>	Gro <u>Initia</u>	up Leader <u>als</u>
I certify that I ha		2 times per week) contact with the at apply) face to face, via teleph	
Comments/Conce	erns/Progress in step-work:		
Sponsor's Signatu	ure (first name, last initial)	Sponsor's Telephone Number (if	permissible)