KARE
Probation
Reinstatement

Monthly Meeting Documentation

Participant Na	ame:		
License Numl	ber:	Case Number:	
Meeting documentation for the month of		20	
group meetings by co		-step or board approved abstinence supping attended. The completed form must be	е
<u>Date</u>	<u>Group</u>	Group Leade <u>Initials</u>	r
	a minimum of twice weekly (2 tiss primarily (please check all that app	mes per week) contact with the above ply) □face to face, □via telephone, or □at a	
Sponsor's Signature (first name, last initial)	Sponsor's Telephone Number (if permissi	ble)

3/2/2009; 2023 jmc