

Community Support Meeting Log

Program: **CARE Court** **Drug Court** **DUI Court** **Family Treatment Court**

Name (Print)

Sunday/Date/Time _____ A.M./P.M.

Group Name: _____ City _____

Topic: _____ What I learned _____

Discussion Leader Signature _____ Phone Number _____

Monday/Date/Time _____ A.M./P.M.

Group Name: _____ City _____

Topic: _____ What I learned _____

Discussion Leader Signature _____ Phone Number _____

Tuesday/Date/Time _____ A.M./P.M.

Group Name: _____ City _____

Topic: _____ What I learned _____

Discussion Leader Signature _____ Phone Number _____

Wednesday/Date/Time _____ A.M./P.M.

Group Name: _____ City _____

Topic: _____ What I learned _____

Discussion Leader Signature _____ Phone Number _____

Thursday/Date/Time _____ A.M./P.M.

Group Name: _____ City _____

Topic: _____ What I learned _____

Discussion Leader Signature _____ Phone Number _____

Friday/Date/Time _____ A.M./P.M.

Group Name: _____ City _____

Topic: _____ What I learned _____

Discussion Leader Signature _____ Phone Number _____

Saturday/Date/Time _____ A.M./P.M.

Group Name: _____ City _____

Topic: _____ What I learned _____

Discussion Leader Signature _____ Phone Number _____

***** Make sure all blank spaces are complete before you turn in your log. Your log must be legible. *****