U.S. PRETRIAL SERVICES
AA/NA MEETING ATTENDANCE FORM

DEFENDANT NAME: _____
MONTH: _____ PRETRIAL OFFICER: _____

Date: _____ Time: _____ Meeting Name/Location:	Comments (Principles Learned): Chairperson Signature:
Date: _____ Time: _____ Meeting Name/Location:	Comments (Principles Learned): Chairperson Signature:
Date: _____ Time: _____ Meeting Name/Location:	Comments (Principles Learned): Chairperson Signature:
Date: _____ Time: _____ Meeting Name/Location:	Comments (Principles Learned): Chairperson Signature:
Date: _____ Time: _____ Meeting Name/Location:	Comments (Principles Learned): Chairperson Signature:

I ACKNOWLEDGE THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I UNDERSTAND A FALSE STATEMENT MAY RESULT IN THE REVOCATION OF MY RELEASE, IN ADDITION TO PROSECUTION UNDER TITLE 18 USC §1001.

_____ _____
Defendant Signature Date

_____ _____
Pretrial Officer Signature Date