State Court of Fulton County Recovery Treatment Court Program



Community Support Group Participation Form

Participant Name (Printed): ______

Group Name		Date	/	/ 2020		
Meeting Location		Meeting Time	:	am/pm		
Verified By (Signature)		Phone Number				
Meeting Discussion Topic/Meeting/Presentation (s)						
My Thoughts (Regarding: Topic/Meeting/Participation)						

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Updated: March 16, 2023