

Cumberland County Treatment Court Meeting Report Form

Drug Treatment Court: Due on Mondays -- **DUI Court:** Due on Wednesdays – **TOMS Court:** Due on Fridays

Participant's Name: _____

Meeting Name _____ Date _____ Time _____

Type (Big Book, Speaker, etc.) _____ Number of people who attended _____

Did you participate or share? _____ If so, explain _____

Explain how this meeting related to your recovery _____

Chair signature (required) _____

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