

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

DEFENDANT NAME: \_\_\_\_\_  
 MONTH: \_\_\_\_\_ PRETRIAL OFFICER: \_\_\_\_\_

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