

Name: _____ Case# SCR- _____

SELF-HELP MEETINGS PROOF OF ATTENDANCE

*Be sure to get this sheet to your lawyer just before each court appearance (always keep a copy).
This form is to verify attendance at rehab programs. The meeting leader is requested to sign and return it to the individual attending. Thank you.*

MEETING NAME	DATE	SIGNATURE OF MTG LEADER
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 FAX ONLY: (707) 540-6545
 Sonoma Court: 521-6620
 Napa Court: 299-1180
 Mendocino Court: 463-4211

AA Hotline/Meetings
 Sonoma: 544-1300 [sonomacountyaa.org](#)
 Napa: 500-7001 [aanapa.org](#)
 Mendocino: 462-7123 [aaukiah.org](#)
 Marin/SF: 415-499-0400 [aasf.org](#)
 Solano South: 745-8822 [aasolanosouth.org](#)
 Solano North: 446-2244 [haasolanonorth](#)
LifeRing Meetings: [lifering.org](#)
Smart Recovery: [smartrecovery.org](#)

Detox: Orenda Center: 565-7450
Intensive Outpatient Treatment Programs
 DAAC (County): 544-3295 Campobello 546-1547
 Kaiser (Insureds): 571-3835 Azure Acres 303-0527
 Bayside Marin 877-434-0107 Olympia House 992-1320
Residential Treatment Programs
 Turning Point: 284-2950 Campobello: 579-4066
 Mountain Vista: 996-6716 Azure Acres: 823-3385
 Duffy's: 888-717-9724 St. Helena Recovery: 866-346-3323
 Serenity Knolls: 415-488-0400 Ohlhoff Recovery Ctr: 877-477-4543