



Proof of Community Support Meetings
CHATHAM COUNTY DUI COURT

LAST Name _____ FIRST Name _____

CURRENT Address _____

City _____ State _____ Zip _____ Phone # _____

- Please remember that all proof of Community Support Meetings **MUST** be deposited in the drop box located at **PRIDE PROBATION** or **RECOVERY PLACE** before the close of business on the **Tuesday** prior to DUI Court. (For example, if court is on Thursday, the 3rd of February, then all Community Support Meetings must be turned in by Tuesday, the 1st of February). **Unfortunately, there can be NO exceptions to this rule.**

1. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

2. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

3. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

4. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

5. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

6. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

7. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

8. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

9. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

10. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____