

**BARTHOLOMEW COUNTY
COURT SERVICES
ALCOHOL/DRUG, COMMUNITY CORRECTIONS, PROBATION
SELF-HELP GROUP MEETING REPORT**

NAME: _____

DATE: _____ ARRIVED: _____ LEFT: _____

MEETING LOCATION: _____ TYPE OF MEETING: _____

WHAT WAS YOUR GENERAL IMPRESSION OF THE MEETING?
(WHAT DID YOU GET OUT OF IT?)

HOW DID YOU CONTRIBUTE TO THE MEETING? (Be Specific)

SIGNATURE OF CHAIRMAN
(FIRST NAME & LAST INITIAL)

YOUR SIGNATURE