



Augusta Judicial Circuit
Administrative Office of the Courts

Honorable James G. Blanchard, Jr.
Superior Court Judge

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DRUG COURT AA/NA VERIFICATION FORM

Date: _____ Participant's Name: _____

All participants are required to complete a minimum of 3 AA/NA meetings every week. Failure to complete the minimum required meetings will result in sanctions. **Incomplete** forms will not be accepted.

| Date | Time | Type of Meeting {Circle} | Meeting Address | Chairperson's Printed Signature | Chairperson's Phone Number |
|------|------|-----------------------------|-----------------|------------------------------------|-------------------------------|
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| Date | Time | Type of Meeting {Circle} | Meeting Address | Chairperson's Printed Signature | Chairperson's Phone Number |
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Please note in order for your AA to be accepted it must be submitted no later than 7 PM Monday with your first and last name, dates/times clearly written, and the signature and number of the AA representative. Any AA received after the deadline or if you do not have all 3 required meetings will **NOT** be accepted. AA/NA Forms are only accepted by EMAILING A PDF COPY TO ajcdcaa@gmail.com