

Name: _____ Case # _____

AA PROOF OF ATTENDANCE

*Be sure to give this form to your lawyer 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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 Mendocino Court: 463-4211
 Sonoma Court: 521-6620
 Napa Court: 299-1180

AA Hotline/Meetings
 Mendocino: 462-7123 aaukiah.org
 Sonoma: 544-1300 sonomacountyaa.org
 Napa: 500-7001 aanapa.org
 Marin: 415-499-0400 aasf.org
 Humboldt: 442-0711 aahumboldtadelnorte.org
 Shasta: (530) 225-8955 aanorcal.org
 National: aa.org

Recovery Centers
 Ford Street Project: 462-1934 AODS: 463-7900 (county-outpatient)
 Turning Point: 284-2950 Kaiser: 571-3835 (Santa Rosa outpatient)
 Campobello: 579-4066
 Azure Acres: 823-3385 St. Helena Recovery: 866-346-3323
 Mountain Vista: 996-6716 Serenity Knolls: 415-488-0400
 Duffy's: 888-717-9724 Ohloff Recovery Ctr: 877-477-4543