

HILL COUNTY ATTORNEY

Hill County Courthouse • 315 4th Street
Havre, MT 59501-3923
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AA MEETINGS ATTENDANCE CERTIFICATE

Defendant's name: _____

Court: _____ Cause No. _____

Defendant has agreed to attend 90 meetings in 90 days as he/she has been ordered to do so by the Court.

This Attendance Certificate must be provided to the Hill County Attorney's Office weekly to confirm attendance.

Defendant's signature: _____

	Date of Meeting	Time of Meeting	Location of Meeting	Witness Signature - mandatory Phone Number - optional
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	Date of Meeting	Time of Meeting	Location of Meeting	Witness Signature - mandatory Phone Number - optional
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	Date of Meeting	Time of Meeting	Location of Meeting	Witness Signature - mandatory Phone Number - optional
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	Date of Meeting	Time of Meeting	Location of Meeting	Witness Signature - mandatory Phone Number - optional
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