

**Name:** \_\_\_\_\_

Name of Group: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Meeting (be specific): \_\_\_\_\_

Chairman/Speaker \_\_\_\_\_ Type of Meeting: NA AA CA Church Other \_\_\_\_\_ (Circle one)

Topic: \_\_\_\_\_

How did you feel about being there? \_\_\_\_\_

Did you relate to anything that was discussed? \_\_\_\_\_ How or how not? \_\_\_\_\_

Were other Drug Court/Mental Health Court clients present? YES or NO (Circle one)

If Drug Court/Mental Health Court clients were present, list \_\_\_\_\_

Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_

**IMPORTANT NOTICE TO DRUG COURT CLIENT:**

This Weekly Task Timesheet is an official court document that will be maintained in your official court record. Providing false information on any part of this document could result in review for termination from the Drug Court/Mental Health Court program. *By initialing below, you acknowledge that you have read and understand the foregoing.* (\_\_\_\_\_) \* Client's Initials

- 1. Work Verification:** On the schedule below, list all hours worked Sunday-Saturday of the previous week. You are still required to submit an Employee Verification Timesheet or paystub for each pay period. Failure to provide the required proof of employment will result in a sanction. Your proof of employment must match the hours that you are reporting; providing false information can result in review for termination from Drug Court/Mental Health Court. *\*If you worked less than 30 hours last week, you are required to attend court this week. You are required to notify Candy or Jessica that you will be in attendance.*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
<b>Location and Hours Worked</b>							

- 2. Community Service Verification:** On the schedule below, list all community service worked Sunday-Saturday of the previous week. You are still required to submit a Community Service Timesheet and letter head for the completed hours. Failure to provide the required timesheet and letterhead will result in a sanction. Your Community Service Timesheet and letter head must match the hours that you are reporting; providing false information can result in review for termination from Drug Court/Mental Health Court.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
<b>Location and Hours Worked</b>							

- 3. Individual Session:** Did you complete an Individual Session last week? If yes, what day and with which Counselor. \_\_\_\_\_
- 4. Payment:** Did you pay Drug Court/Mental Health Court weekly fee by Friday of last week? Yes or No  
*\*If you did not make your payment, you are required to be in court, unless excused by Candy or Jessica.*