Hamilton County Veterans Treatment Court
Community Support Meeting Log

Name: _____ Date submitted: _____

Sunday/Date/Time: _____ ☐ A.M. ☐ P.M.

Group Name: _____ Location: _____

Topic: _____ What I Learned: _____

_____

Discussion Leader Signature: _____ Phone Number: _____

Monday/ Date/Time: _____ ☐ A.M. ☐ P.M.

Group Name: _____ Location: _____

Topic: _____ What I Learned: _____

_____

Discussion Leader Signature: _____ Phone Number: _____

Tuesday/Date/Time: _____ ☐ A.M. ☐ P.M.

Group Name: _____ Location: _____

Topic: _____ What I Learned: _____

_____

Discussion Leader Signature: _____ Phone Number: _____

Wednesday/Date/Time: _____ ☐ A.M. ☐ P.M.

Group Name: _____ Location: _____

Topic: _____ What I Learned: _____

_____

Discussion Leader Signature: _____ Phone Number: _____

Hamilton County Veterans Treatment Court
Community Support Meeting Log

Thursday/Date/Time: _____ ☐ A.M. ☐ P.M.

Group Name: _____ Location: _____

Topic: _____ What I Learned: _____

_____

Discussion Leader Signature: _____ Phone Number: _____

Friday/Date/Time: _____ ☐ A.M. ☐ P.M..

Group Name: _____ Location: _____

Topic: _____ What I Learned: _____

_____

Discussion Leader Signature: _____ Phone Number: _____

Saturday/Date/Time: _____ ☐ A.M. ☐ P.M..

Group Name: _____ Location: _____

Topic: _____ What I Learned: _____

_____

Discussion Leader Signature: _____ Phone Number: _____