

Troup County DUI/Drug Court  
Self-Help Participation Form

|                           |             |           |
|---------------------------|-------------|-----------|
| Participant Name:         |             |           |
| Date:                     | Start time: | End time: |
| Group Name (AA, CR, RU):  |             |           |
| Meeting location:         |             |           |
| Meeting Discussion Topic: |             |           |
| Verified by Signature:    |             |           |

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