Date	Meeting Name	Meeting Location	Chairman Name	Signature of Chairman
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Date	Meeting Name	Meeting Location	Chairman Name	Signature of Chairman
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Drug Court Verification What I Learned: Name: Name: Name: **Meeting Name Meeting Location Signature of Chairman Chairman Name Date** What I Learned: Name: **Meeting Location Meeting Name** Signature of Chairman **Date** Chairman Name What I Learned:

Date	Meeting Name	Meeting Location	Chairman Name	Signature of Chairman			
What I Learned:							