

Client Name (Please Print): _____

Date	AA/NA	Sponsor	Group	Other	Comments	Signature
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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I am in compliance with the Monitoring Contract. Yes No

Client Signature: _____ Send More Forms

Instructions

1. Fill in the date the activity took place.
2. Check the appropriate box for each Activity as it is completed (AA/NA, Sponsor, Group). Check the Other box and use the Comments space to note Counseling Sessions, Aftercare, Education or any other relevant activity.
3. The Signature box is included for Activity verification. Have a counselor or group member sign the form verifying your activity.
4. At the end of each week, mail the reporting slip(s) in one of the envelopes provided or your own envelope to:
Southworth Associates, PO Box 45059, Boise, ID 83711.
5. Any time more forms are required they can be ordered by checking the appropriate box on the form, calling **208-323-9555**, or by email to **CAR@southworthassociates.net**.
6. If you have any other questions regarding the monitoring service please contact us using the information above.