

## TAYLOR COUNTY TREATMENT COURT PRO SOCIAL ACTIVITY -COMMUNITY SERVICE LOG

Name \_\_\_\_\_ Date \_\_\_\_\_

Please use this form to provide verification of your required recovery group/Pro Social Activities and/or to document Community Service (*to be served at non-profit organizations or as approved by team*). Verifications must be provided to the Treatment Court Coordinator or your Case Manager **by noon on the Monday prior to your scheduled court review.**

### COMMUNITY SERVICE LOG

Date of Service	Service / Description/Location	Time /Total Hours Completed	Initialed By
_/_/___	_____ _____ _____		
_/_/___	_____ _____ _____		
		Total Hours =	

### RECOVERY GROUP/MEETING LOG

Date/Time/Location of Meeting	Type of Meeting	Initials/ Verification	Topic(s) Discussed/What I learned

Date/Time/Location of Meeting	Type of Meeting	Initials/ Verification	Topic(s) Discussed/What I learned

My main goal for the week: \_\_\_\_\_

One positive decision I made this week to help me reach my goal: \_\_\_\_\_

\_\_\_\_\_

One self-care thing I did to help me maintain sobriety: \_\_\_\_\_

\_\_\_\_\_

Describe a positive thing that happened this week: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO / NOTES FROM TREATMENT COURT : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Court Review Date: \_\_\_\_\_