

COUNTY COURT, COUNTY OF _____, COLORADO Court Address: Phone No. (____) _____ Fax No. (____) _____	▲ COURT USE ONLY ▲ _____ Case No: ___ T _____ Div. _____ Courtroom: _____
Plaintiff: PEOPLE OF THE STATE OF COLORADO -v- Defendant(s):	
Defendant or Defendant's Attorney: Name: Address: Phone: Fax: Email:	
CERTIFICATE OF COMPLETION re: Alcoholics Anonymous - AA Meetings	

STATE OF COLORADO _____)
) ss.
 COUNTY OF EL PASO TELLER _____)

Court order regarding AA meetings: none to date
 ____ x per week from _____, 20__ through from _____, 20__
 Completion proof to be filed on or before: _____, 20__ monthly quarterly

* * * * *	* * * * *	* * * * *
GROUP	DATE	CHAIRPERSON'S SIGNATURE OR INITIALS
* * * * *	* * * * *	* * * * *
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

6. _____

7. _____

8. _____

9. _____

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21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT

Date: _____

 Defendant's Signature

INSTRUCTIONS RE COMPLETION PROOF

When completed - mail or file this form directly with the Clerk of Court - address in above caption
DEFENDANT KEEP A COPY IN YOUR PERSONAL RECORDS FOR 5 YEARS
 Form provided as courtesy via internet www.gustafsonlaw.com - posted to website May 20, 2005
 Robert D. Gustafson - Colorado Attorney Registration No. 10930
 6538 Charter Drive, Colorado Springs, CO 80918 Ph: (719) 260-1002 Fax (719) 260-1002
 Use of this public form shall neither constitute representation nor appearance of counsel
 This is a public form - no attorney representation is made pursuant to C.R.Civ.P. §§ 11(b) or 311(b)