Lighthouse Professional Services, Inc.

Verification of 12-Step Meeting Attendance

(This form may be copied.)

Client Name _____ Phone #_____

Location of Meeting	Date of Meeting	I verify that the above named client attended a 12-step meeting on this date:

At the end of every month, mail or fax this form to:

Lighthouse Professional Services
P.O. Box 727
White Bluff, TN 37187
Phone: 615-797-2000
Fax: 615-797-2011

Client's Signature _____ Date _____