

**U.S. PROBATION OFFICE**  
**CENTRAL DISTRICT OF ILLINOIS**  
**SUPPORT GROUP ATTENDANCE SHEET**

Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

MEETING TYPE	DATE	TIME	MEETING NAME	OPEN/ CLOSED	SIGNATURE OF CHAIRMAN
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Please complete thoroughly and return to the U.S. Probation Office with your Monthly Supervision Report.

Signed: \_\_\_\_\_  
Client

Reviewed: \_\_\_\_\_  
U.S. Probation Officer