

CHARLOTTE COUNTY PROBATION DEPARTMENT
350 East Marion Avenue
Punta Gorda, FL 33950

REACTION SHEET

Probationer Name: _____ Case Number _____

Meeting Type (Please check): Alcoholics Anonymous Narcotics Anonymous Cocaine Anonymous

Meeting Date: _____ Meeting Time: _____ Location: _____

Do you have a sponsor? Yes No Did you talk to your sponsor today? Yes No

Topics Discussed: _____

Your reaction to the meeting (at least five sentences): _____

To the signer: Thank you for helping this person with their recovery. In order to protect your anonymity, you need sign only your first name and last initial.

Signature _____

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