

Ellen S. Golden
Judge, State Court

STATE OF GEORGIA

Stacey Bass
DUI Court Coordinator
sbass@lowndescounty.com



DUI Court Team
Cynthia Welch, Prosecutor
Richard Shelton, Defense Attorney
Kyle White, Law Enforcement
Kayla Porter, Probation Officer
Laci Rankhorn, Treatment Provider

Lowndes County DUI Court
327 North Ashley Street
Valdosta, GA 31601
Phone: 229-671-2895 Fax: 229-671-3441

COMMUNITY SUPPORT MEETINGS LOG

Participant Name _____

CURRENT Address _____

City _____ State _____ Zip _____ Phone # _____

It is the policy of the Lowndes County DUI Court for participants to attend Community Support Meetings every week. Please remember that all proof of Community Support Meetings **MUST** be turned in your Counselor at Redirect at every meeting.

- Incomplete portions will not be counted toward requirements.
- The signature line below should be signed by the meeting's chairperson.

1. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

5. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

2. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

6. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

3. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

7. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

4. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

8. DATE _____ Time _____

LOCATION _____

SIGNATURE _____

CONTACT NUMBER (Optional) _____

9. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

10. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

11. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

12. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

13. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

14. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

15. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

16. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

17. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

18. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

19. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

20. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

21. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

22. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

23. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____

24. DATE _____ Time _____
LOCATION _____
SIGNATURE _____
CONTACT NUMBER (Optional) _____