**Treatment Verification**

*This sheet is to be filled out on a weekly basis and turned in with your weekly schedule each Sunday.*

*Dates, time, and signature must be filled out by the treatment provider.*

*Failure to fill out and turn in may result in administrative action by Shelby County Community Corrections.*

Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_ Approx. Arrival Time: \_\_\_\_\_\_\_\_ Approx. Leave Time: \_\_\_\_\_\_\_

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Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_ Approx. Arrival Time: \_\_\_\_\_\_\_\_ Approx. Leave Time: \_\_\_\_\_\_\_

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Treatment Provider