OAKLAND COUNTY MICHIGAN

DEPARTMENT OF PUBLIC SERVICES

First Name: _____

Case Manager: _____

COMMUNITY CORRECTIONS DIVISION
Barb Hankey, M.A. Manager

OAKLAND COUNTY COMMUNITY CORRECTIONS DIVISION

Support Group Attendance Verification Sheet

DATE	LOCATION OF GROUP	GROUP LOCATION PHONE NUMBER	GROUP TIME	GROUP NAME	WITNESS SIGNATURE	WITNESS PHONE

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MAIN OFFICE
250 ELIZABETH LAKE ROAD, SUITE 1520
PONTIAC MI 48341
OFFICE: (248) 451-2310
FAX (248) 451-2319

SOUTH OAKLAND OFFICE
1151 CROOKS RD
TROY MI 48084
OFFICE: (248) 655-1260
FAX (248) 655-1281