SCA – DC

Meeting Verification Form

Person Requiring Verification: (First Name, Last Initial)_____

If Court Appointed: Case #_____ Judge's Name_____

Date/Time	Meeting Name or Location	Verifier's First Name, Last Initial

Sexual Compulsives Anonymous – DC (SCA-DC) Intergroup
c/o The Triangle Club
1638 R Street, NW
Washington, DC 20009
www.sca-dc.org