MAGISTRATE COURT OF DOUGLAS COUNTY
STATE OF GEORGIA

_____
Defendant's Name

_____
Magistrate Case Number

_____
_____
_____
Defendant's Address

_____
Defendant's Phone Number

CLASS TYPE:

- ☐ Anger Management
- ☐ Substance Abuse
- ☐ Domestic Violence
- ☐ Theft
- ☐ Mental Health
- ☐ Other: _____

ATTENDANCE RECORD

Session Number	Date Attended	Facility Name	Supervisor Name and Contact Number	Supervisor's Signature

Please submit this Attendance Record at least once a month, either in person or by mail, to the Magistrate Criminal Division, located on the second floor of the Douglas County Courthouse, 8700 Hospital Drive, Douglasville, Georgia 30134. If you have any question, you may contact our office at (770) 920-7540.