

Matt Beasley
Justice of the Peace



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Counseling/Class Verification Form

Cause number: _____ **Name:** _____

The following is to be completed by the counselor/instructor:

NAME OF COUNSELOR/AGENCY: _____

CONTACT PHONE NUMBER: _____

COMPLETION DATE(S): _____

NUMBER OF SESSIONS: _____

Signature of Counselor/Instructor: _____

Date: _____

**IT IS THE DEFENDANT'S RESPONSIBILITY TO RETURN THIS FORM TO THE COURT.
**** ONLY ORIGINAL PROOF WILL BE ACCEPTED. ******