Amethyst Foundation, Inc. 120 Hedding Road Epping, NH 03042-1521

amethystfoundation@myfairpoint.net 603-679-1318 603-679-1316 Fax: 603-679-5869

sible persons who can support my statements of abstinence, attendance at self
eetings and/or treatment. Letters <u>must</u> include all of the following that apply if
Amethyst Foundation to consider early issuance of my course completion.
Vhat is the person's relationship to you?
low long has he/she known you?
low long have you been abstinent?
ow does the person know that you have been abstinent?
low often do you attend self help meetings per week or month?
ow long have you attended them (months or years)?
What positive changes have they noticed in you since you have been abstinent?
they are in a self help program, how long have they been sober?
What risk, if any, does the person see for you to have another DWI?
o they think you currently at an acceptable level of risk to be re-licensed?
should be notarized and mailed to Amethyst Foundation Inc. for review. The Director will make the final decision.
ave any questions please contact Jen LaFogg, Aftercare Coordinator, Monday Thursday from 9:00 AM to 4:00 PM and on Friday from 9:00 AM to 1:00 PM.
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White - Client Canary-Amethyst

Date

Client Signature