



Anger Management Program Referral

_____	_____
Dist 29	Court Services
_____	_____
Dist 36	FFX J&DR
_____	_____
ACJS	Other

\$225.00 non-refundable program fee (credit card, check, or money order - no cash) Payment plan available

Name: _____

Address: _____

SSN: _____ DOB: _____

Case Number: _____ Email: _____

Primary Phone: _____

Charge(s): _____

Prior Offenses: No _____ Yes _____

If yes, please list charges below or attach records.

Referral Date: _____ Completion Deadline: _____

OAR Violence Intervention Program
10700 Page Avenue Suite 200
Fairfax, VA 22030-4015
Phone: 703-246-3033 / Fax: 703-273-7554
Email: front@oarnova.org Subject Line: VIP

Probation Officer Contact Information
Name: _____
Phone: _____
Fax: _____
Email: _____

The probationer is required to contact OAR of Fairfax County immediately to schedule an intake appointment; \$50.00 non-refundable fee is due at intake. Please bring a copy of this referral to your intake along with a valid ID.