



## Batterer Intervention Program Referral

_____	Court Services
_____	FFX J&DR
_____	Other

**\$450 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
<b>Email:</b> front@oarnova.org <b>Subject Line:</b> 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 the intake. Please bring a copy of this referral to your intake along with a valid ID.