



Established 1971

BREAKING THE CYCLE OF CRIME WITH OPPORTUNITIES, ALTERNATIVES, AND RESOURCES

Shoplifting Prevention Course Referral

_____ Dist 29 _____ Court Services
_____ J & DR _____ Other

Name _____

Address _____

SSN _____ DOB _____

Home Phone _____ Cell _____

Work Phone _____ Email _____

Charge _____

Prior Offenses? No _____ Yes _____

If yes, please list charges below or attach records.

Referral Date _____ Completion Deadline _____

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

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

The probationer is required to contact OAR of Fairfax County immediately to schedule an intake appointment. Please bring a copy of this referral to your intake along with a **\$50.00 non-refundable program fee** (credit card, check, or money order - no cash) and a valid ID.