



Offender Solutions Inc.™

Referral Form

Client Name: _____ DOB: _____

You have been referred/ordered to complete a 4 **hour Theft Class** (\$50).

This class will require reading, and answering questions to assess your understanding.

You must complete this class in the next **30 days** (Or by _____).

Referring Person's Information:

- | | |
|---|--|
| <input type="checkbox"/> Broadney - bro186@henrico.gov | <input type="checkbox"/> Smith - smi200@henrico.gov |
| <input type="checkbox"/> Jacobs - jac088@henrico.gov | <input type="checkbox"/> Sykes - syk007@henrico.gov |
| <input type="checkbox"/> Lightfoot – lig013@henrico.gov | <input type="checkbox"/> Szabo - sza004@henrico.gov |
| <input type="checkbox"/> Price - pri089@henrico.gov | <input type="checkbox"/> Thomas - tho101@henrico.gov |
| <input type="checkbox"/> Robinson - rob196@henrico.gov | <input type="checkbox"/> Turner - chr112@henrico.gov |
| <input type="checkbox"/> Sawyer - saw11@henrico.gov | <input type="checkbox"/> _____ @henrico.gov |

Getting Started:

1. Go to: www.offendersolutions.com -select “Get Started here or “Register Now”
2. Choose your type of class (i.e., theft/shoplifting)
3. Pick the - “Theft / Shoplifting Class - Adult 4 hour”
4. Click on “Enroll” / “Click Here to Register”
5. Create your account (register)
 - a. Your Username and Password ARE case sensitive.
 - b. Input the above “Referring Person’s Information” - (name and email).
 - c. Make payment and begin your class.

If you need additional assistance please contact Offender Solutions®:

E-Mail: support@offendersolutions.com

Phone or Text: 503-860-2567 or 541-598-4577

www.offendersolutions.com