



Offender Solutions Inc.™

Referral Form

Case Number: _____

You have been referred/ordered to complete an Offender Solutions® class.

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

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

Officer's Name: _____

Officer's E-mail: _____

4 hour *Theft Class* (\$50)

8 hour *Theft Class* (\$65)

On-line Class:

1. Go to: www.offendersolutions.com -select "Get Started here or "Register Now"
2. Choose your type of class (i.e., theft, anger)
3. Pick your class (i.e., 4hr, 8h version)
4. Click on "Enroll"
5. Create your account (register)
 - a. Your Username and Password ARE case sensitive
 - b. Make payment and begin your class.

If you need additional assistance please contact our main office:

E-Mail: support@offendersolutions.com

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

www.offendersolutions.com