Viental Healt NAME	h Cor	ntact For	m – YOS Fl	(7/3/02) NAME					
NAME DOC #		(ML	IST HAV	E THIS)					
Instructions: F 2002 to May 3 June 30, 2001 that time, we d	1, 200	2. If the oneed to en	ffender wa ter his/her	as NOT in demo info	YOS in FY ormation.	rua (that i: If offendei	s, ne was	committea	aner
Was the offe									
	DER 1	MALE 2 1 ASIA 2 WHI 3 BLA 4 HISF	2 FEMAL N TE CK	E	′YE	AR)		
Was offende	er rate	d P3 or P	4 from M	arch 1 to	May 31, 2	2002?			
1 Yes P3_	- .		P4	NOT	4 D0 F	\ 4 \			
0 No (d	luring d	time was	offender æar	TO mo	ed P3 or F dav	74) Vea	ar		
mo_	d	ayy ayy	/ear	TO mo_	day	yea	ar		
	٠.								
Week IMH Contact	#15 mins	#30 mins	#45 mins	#60 mins	#90 mins	#2 hours	#other length (enter time)	other length (enter time)	
3/1 to 3/3									1

Week IMH Contact	#15 mins	#30 mins	#45 mins	#60 mins	#90 mins	#2 hours	#other length (enter time)	other length (enter time)
3/1 to 3/3								
% to to 3/10								
3/11 to 3/17								
3/18 to 324								
3/25 to 3/31	- 							
4/1 to 4/7	1			1				
4/8 to 4/14					<u> </u>			
4/15 to 4/21	 	1				<u> </u>		
4/22 to 4/28	1							
4/29 to 5/5				1	1			
5/6 to 5/12	 	<u> </u>						
5/13 to 5/19				 			1	
5/26 to 5/31		 						
	 	 				1	1	