



# Minnesota Pretrial Questionnaire (Revised)

<b>Name</b>	(Last)	(First)	(Middle)
<b>Date of Assessment</b> (dd/mm/yyyy):		<b>DOB</b>	<b>Age</b>
<b>County of Residence:</b>		<b>Duration:</b>	yr                      mo
<b>Street Address</b>		Apt #	City                      State                      ZIP
<b>Mailing Address</b>		Apt #	City                      State                      ZIP
<b>Employment/ Education</b>	1. Are you Currently employed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week  2. Do you currently attend school? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week  3. If you attend school and work, do your hours for both total 20 hours or more? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No 4. If you do not work outside the home, do you receive income from public assistance, social security benefits of any kind, disability benefits, or pension benefits? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No 5. If you do not work outside the home, do you have financial support while you care for children, elderly parents, or a relative? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Substance Use</b>	6. Have you had an alcohol abuse problem in the last six months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Have you used illegal mood-altering chemicals during the last six months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Children</b>	8. How many minor children or others live with you or receive financial support from you? Children: _____ Others: _____ Total: _____		
<b>Military</b>	9. Have you ever been in or served in the United States armed forces? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please enter the name, relationship, and phone number of someone who knows you well:</b>		Name	Relationship                      Phone
<b>Systems Checked (Probation. use only)</b>		<b>P.O.</b>	
<input type="checkbox"/> BCA <input type="checkbox"/> CSTS <input type="checkbox"/> S3 <input type="checkbox"/> MNCIS/MGA <input type="checkbox"/> CISR <input type="checkbox"/> GLWS <input type="checkbox"/> DL <input type="checkbox"/> JMS			