



# Minnesota Pretrial Questionnaire (Revised)

## Gaafannoo Dhaddacha duree Minnesota

### (Kan fooyeffame)

<b>Name/maqaa</b>	(Last)/(kan dhumaa)	(First)/(kan duraa)	(Middle)/(Kan abbaa)
<b>Date of Assessment (dd/mm/yyyy):</b> Guyyaa gamaggammii (gu/ji'a/waggaa):	<b>DOB</b> Guyyaa dhalootaa	<b>Age</b> Waggaa	
<b>County of Residence/Kaawontii Jireenyaa:</b>	<b>Duration/Turtii:</b>	yr/Waggaa	mo/Ji'a
<b>Street Address/Teessoo Daandii</b>	Apt #/# Apartmentii	City/Magaalaa	State/Naannoo ZIP/ZIP
<b>Mailing Address/Teessoo Meeyilii</b>	Apt #/# Apartmentii	City/Magaalaa	State/Naannoo ZIP/ZIP
<b>Employment /Education Qacarrii hojii/ Barnootaa</b>	<p>1. Are you Currently employed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yeroo ammaa kana qacaramtanii jirtuu?.....Eeyyee Lakki</p> <p>If Yes/Eeyyee yoo ta'e: <input type="checkbox"/> Full-time/Yeroo guutuu <input type="checkbox"/> Part-time/Yeroo-haftee</p> <p>If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week</p> <p>Yeroo haftee yoo ta'e: Torbeedhaan sa'aatiiwwan 20+ Torbeedhaan sa'aatii 20 dhaa gadi</p> <p>2. Do you currently attend school?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yeroo ammaa kana barumsaa barachaa jirtuu?.....Eeyyee Lakki</p> <p>If Yes/Eeyyee yoo ta'e: <input type="checkbox"/> Full-time/Yeroo guutuu <input type="checkbox"/> Part-time/Yeroo-haftee</p> <p>If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week</p> <p>Yeroo haftee yoo ta'e: Torbeedhaan sa'aatiiwwan 20+ Torbeedhaan sa'aatii 20 dhaa gadi</p> <p>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</p> <p>Yoo mana barumsaa fi hojjettu, sa'aatiin keessan lamaan isaaniif walumaa galatti sa'aatii 20 fi isaa ol ta'aa?.....Eeyyee Lakki</p>		

<b>Substance Use/ Fayyadama balaa sammuu nama hodoochuu</b>  <b>Children/ Daa'imman</b>  <b>Military/ Humna waraanaa</b>	<p>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</p> <p>Yoo manaan ala hin hojjetan ta'e, galii gargaarsa mootummaa, faayidaa wabii hawaasummaa gosa kamiyyuu, faayidaa qaama miidhamummaa, ykn faayidaa sooramaa irraa argattu?..... Eeyyee Lakki</p>
	<p>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</p> <p>Manaan alatti yoo hin hojjetan ta'e, ijoollee, warra dullooman ykn fira keessan yeroo kunuunsitan deeggarsa maallaqaa ni qabduu?..... Eeyyee Lakki</p>
	<p>6. Have you had an alcohol abuse problem in the last six months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ji'oota jahan darban keessatti rakkoon dhugaatii alkoolii dhuguu si mudatee jiraa?..... Eeyyee Lakki</p>
	<p>7. Have you used illegal mood-altering chemicals during the last six months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ji'oota jahan darban keessatti keemikaalota(qorichaawwan sammuu nama hadoochan) miira namaa jijjiiran seeraan alaa fayyadamteettaa?..... Eeyyee Lakki</p>
	<p>8. How many minor children or others live with you or receive financial support from you? Daa'imman umuriin isaanii hin geenye ykn namoonni biroo meeqatu si waliin jiraatu ykn deeggarsa maallaqaa si irraa argatu?</p> <p>Children/Daa'imman: _____ Others/Kanneen biroo: _____ Total/Waliigala: _____</p>
	<p>9. Have you ever been in or served in the United States armed forces?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Humna waraanaa United States keessa turtanii ykn tajaajiltanii beektuu?..... Eeyyee Lakki</p>

**Please enter the name, relationship, and phone number of someone who knows you well:**  
**Mee maqaa, hariiroo waliin qabdan fi lakkoofsa bilbilaa nama akka gaariitti si beeku galchi:**

Name	Relationship	Phone
Maqaa	Hariiroo	Bilbila

**Systems Checked (Probation. use only)**  
**Siistamoota Ilaalaman (yeroo yaalii. itti fayyadama qofaaf)**

- BCA     CSTS     S3     MNCIS/MGA  
 CISR     GLWS     DL     JMS

**P.O./P.O.**