



Minnesota Pretrial Questionnaire (Revised)

Minnesota 审前问卷 (修订版)

Name/姓名		(Last)/(姓氏)	(First)/(名字)	(Middle)/(中间名)
Date of Assessment (dd/mm/yyyy): 评估日期 (yyyy/mm/dd) :		DOB 出生日期	Age 年龄	
County of Residence/居住县:		Duration/持续时间:	yr/年	mo/月
Street Address/街道地址		Apt #/门牌号	City/市	State/州 ZIP/邮政编码
Mailing Address/邮寄地址		Apt #/门牌号	City/市	State/州 ZIP/邮政编码
Employment /Education 工作经历/教育背景	1. Are you Currently employed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 目前有无工作?是 否			
	If Yes/如有工作: <input type="checkbox"/> Full-time/全职 <input type="checkbox"/> Part-time/兼职			
	If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week 如为兼职: 20+ 小时/周 少于 20 小时/周			
	2. Do you currently attend school?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 目前是否在校?是 否			
If Yes/如果在校: <input type="checkbox"/> Full-time/全日制 <input type="checkbox"/> Part-time/非全日制				
If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week 如为非全日制: 20+ 小时/周 少于 20 小时/周				
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 如果既上学又工作, 两者所耗时间是否都在 20 个小时以上?是 否				
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 如果不在外工作, 是否有部分收入来自公共援助、社会保障福利、残障福利或养老金?是 否				

Substance Use/ 药物滥用史	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 如果不在外工作，照顾孩子、父母或亲戚时是否有经济支持?是 否
	6. Have you had an alcohol abuse problem in the last six months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 在过去的六个月里，是否有酗酒问题?是 否
	7. Have you used illegal mood-altering chemicals during the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No 在过去的六个月里，是否使用过非法的改变情绪药物?是 否
Children/ 子女情况	8. How many minor children or others live with you or receive financial support from you? 有多少未成年子女或其他人与你同住或接受你的经济资助? Children/子女: _____ Others/其他人: _____ Total/总计: _____
Military/ 服役经历	9. Have you ever been in or served in the United States armed forces?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 是否曾在美国军队服役?是 否

Please enter the name, relationship, and phone number of someone who knows you well: 请输入一名了解你的人的姓名、与你的关系、电话号码:	Name 姓名	Relationship 关系	Phone 电话
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Systems Checked (Probation. use only) 已检查系统 (仅限缓刑使用) <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	P.O./P.O.
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