Minnesota Pretrial Questionnaire
Minnesota Daim Ntawv Lus Nug Ua Ntej Sim

Name *Lub Npe*	(Last) *(Xeem)*	(First) *(Npe)*	(Middle) *(Npe Nrab)*

County of Residence *Lub Cheeb Nroog ntawm Qhov Chaw Nyob*	Duration *Ncua sij hawm* yr/*xyoo* mo/*hli*		DOB *Hnub Yug*	Age *Hnub nyoog*

Street Address *Chaw Nyob Txoj Kev*	Apt # *Apt #*	City *Nroog*	State *Xeev*	ZIP *ZIP*

Mailing Address *Chaw Nyob Xav Ntawv*	Apt # *Apt #*	City *Nroog*	State *Xeev*	ZIP *ZIP*

Employment/ Education *Kev Ua Hauj Lwm/Kev Kawm Ntawv*	**1. Are you currently employed?**/*Puas yog tam sim no koj tab tom ua hauj lwm?*………. ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog* **If Yes**/*Yog tias Yog*: ☐ **Full-time**/*Ua Puv Sij Hawm* ☐ **Part-time**/*Ua Ib Nrab Sij Hawm* **If Part-time**/*Yog tias Ua Ib Nrab Sij Hawm:* ☐ **20+ hrs/week**/*20 teev rov saud/ib lub lim tiam* ☐ **Less than 20 hrs/week**/*Tsawg dua 20 teev/ib lub lim tiam* **2. Do you currently attend school?**/*Koj puas tseem kawm ntawv?*……………………… ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog* **If Yes**/*Yog tias Yog*: ☐ **Full-time**/*Ua Puv Sij Hawm* ☐ **Part-time**/*Ua Ib Nrab Sij Hawm* **If Part-time**/*Yog tias Ua Ib Nrab Sij Hawm:* ☐ **20+ hrs/week**/*20 teev rov saud/ib lub lim tiam* ☐ **Less than 20 hrs/week**/*Tsawg dua 20 teev/ib lub lim tiam* **3. If you attend school and work, do your hours for both total 20 hours or more?**/*Yog tias koj mus kawm ntawv thiab ua haujlwm tib si, ua li koj cov sijhawm rau ob qho tag nrho yog 20 teev lossis tshaj saud?* …………………………………………………... ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog* **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?**/*Yog tias koj tsis ua hauj lwm sab nraud ntawm koj lub tsev, koj puas tau txais nyiaj los ntawm kev pabcuam pejxeem, kev pabcuam nyiaj neeg txom nyem txhua yam, nyiaj xiam oob khab, lossis nyiaj pabcuam nyiaj laus?*…………………………………………….….... ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog* **5. If you do not work outside the home, do you have financial support while you care for children elderly parents, or a relative?**/*Yog tias koj tsis ua hauj lwm sab nraud ntawm lub tsev, koj puas muaj nyiaj txiag txhawb thaum koj tu cov menyuam yaus, cov niam txiv laus, lossis ib tus txheeb ze?* …………………………………………… ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*
Housing *Vaj tse*	**6. Have you had three or more addresses during the past 12 months?**/*Koj puas tau muaj txog peb lossis ntau dua peb qhov chaw nyob hauv 12 lub hlis dhau los?* ………… ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog* **7. Have you moved between friends, family, and/or shelters during the past 12 months?**/*Koj puas tau tsiv mus ntawm cov phooj ywg, tsev neeg, thiab/lossis cov chaw nkaum xwm kub ntxhov nyob hauv 12 lub hlis dhau los?*…………………………………… ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*

Hmong

	8. If you do not have stable housing, do you consider yourself homeless?/*Yog tias koj tsis muaj vaj tsev nyob ruaj khov, koj puas xav hais tias yog koj tus kheej tsis muaj vaj tsev nyob?* …………………………………………………………….. ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*

Substance Use *Kev Siv Tshuaj*	**9.** Within the last 12 months have you committed a crime while under the influence of alcohol or mood-altering chemicals?/*Nyob rau hauv 12 lub hlis dhau los koj puas tau ua txhaum thaum lub sij hawm koj qaug cawv lossis qaug tshuaj lom?*........................ ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*
	10. Within the past 12 months have you chosen to enter substance abuse treatment?/*Nyob rau hauv 12 lub hlis dhau los koj puas tau xaiv los mus txais kev kho kev quav tshuaj?* ……………………………………………… ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*
	11. Within the past 12 months have you been court-ordered to do a chemical health evaluation or receive chemical health treatment?/*Nyob rau hauv 12 lub hlis dhau los no koj puas tau raug tsev hais plaub xaj kom mus ua qhov kev ntsuam xyuas tshuaj lom los yog tau txais kev kho mob siv tshuaj lom kho?* ………………………………….. ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*
	12. Within the past 12 months, have alcohol or mood-altering chemicals contributed to problems with your intimate relationship, family, work, or school?/*Nyob rau hauv 12 lub hlis dhau los no, dej cawv los yog tshuaj lom puas tau tsim muaj teeb meem rau koj txoj kev sib raug zoo, tsev neeg, haujlwm, lossis tsev kawm ntawv?*…………………… ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*
	13. Have you had an alcohol abuse problem in the last six months?/*Koj puas tau muaj teeb meem kev ua txhaum vim dej cawv nyob hauv 6 lub hlis tas los?*............................... ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*
	14. Have you used illegal mood-altering chemicals during the last six months?/*Koj puas tau siv cov tshuaj lom neeg ua txhaum cai nyob rau hauv rau lub hlis tas los no?*… ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*

Community Ties *Kev Sib Raug Ntawm Lub Zej Zog*	**15.** What is your marital status? *Koj txoj kev muaj txij nkawm zoo li cas?* ☐ **Married** *Sib yuav* ☐ **Divorced** *Sib nrauj* ☐ **Separated** *Sib cais* ☐ **Widowed** *Poj ntsuam/Yawg nraug* ☐ **Never Married** *Nkauj/Nraug laus*
	16. How many minor children or others live with you or receive financial support from you?/*Muaj pes tsawg tus menyuam yaus lossis lwm tus neeg nyob nrog koj lossis tau txais kev pab nyiaj txiag los ntawm koj?* **Children**/*Cov me nyuam yaus*: _____ **Others**/*Lwm tus neeg*: _____ **Total**/*Tag Nrho*…………………………………………………… _____

Military *Kev Ua Tub Rog*	**17.** Have you ever been in or served in the United States armed forces?/*Koj puas tau mus ua dua haujlwm lossis ua haujlwm hauv Tebchaws Meskas pawg tub rog?*............... ☐ **Yes**/*Yog* ☐ **No**/*Tsis yog*

Please enter the name, relationship, and phone number of someone who knows you well/*Thov sau lub npe, kev txheeb ze, thiab tus xov tooj ntawm tus neeg uas paub koj zoo*	**Name**/*Npe*	**Relationship**/*Kev txheeb ze*	**Phone**/*Xovtooj*

Systems Checked (Probation use only) *Tau Soj Ntsuam Hauv Lub Kab Kev Lawm (Kev sim siv xwb)* ☐ BCA ☐ CSTS ☐ S3 ☐ MNCIS/MGA ☐ CISR ☐ GLWS ☐ DL ☐ JMS	**P.O.**