



Minnesota Pretrial Questionnaire

Name	(Last)	(First)	(Middle)
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County of Residence	Duration	DOB	Age
	yr mo		

Street Address	Apt #	City	State	ZIP
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Mailing Address	Apt #	City	State	ZIP
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Employment/ Education	<p>1. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If Yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p style="margin-left: 20px;">If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week</p> <p>2. Do you currently attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If Yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p style="margin-left: 20px;">If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week</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>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>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>
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Housing	<p>6. Have you had three or more addresses during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you moved between friends, family, and/or shelters during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. If you do not have stable housing, do you consider yourself homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Substance Use	<p>9. Within the last 12 months have you committed a crime while under the influence of alcohol or mood-altering chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Within the past 12 months have you chosen to enter substance abuse treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Within the past 12 months have you been court-ordered to do a chemical health evaluation or receive chemical health treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Within the past 12 months, have alcohol or mood-altering chemicals contributed to problems with your intimate relationship, family, work, or school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Have you had an alcohol abuse problem in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Have you used illegal mood-altering chemicals during the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Community Ties	<p>15. What is your marital status? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married</p> <p>16. How many minor children or others live with you or receive financial support from you? Children: _____ Others: _____ Total _____</p>
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Military	17. Have you ever been in or served in the United States armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please enter the name, relationship, and phone number of someone who knows you well:	Name	Relationship	Phone
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Systems Checked (Probation use only) <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.
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