## Minnesota Pretrial Questionnaire

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen</td>
<td></td>
<td></td>
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<thead>
<tr>
<th>County of Residence</th>
<th>Duration</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yr/mo</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

### Employment/ Education

1. Are you currently employed? [ ] Yes [ ] No [ ] N/A
   - If Yes/ [ ] Full-time/ [ ] Part-time
   - If Part-time/ [ ] 20+ hrs/week [ ] Less than 20 hrs

2. Do you currently attend school? [ ] Yes [ ] No [ ] N/A
   - If Yes/ [ ] Full-time/ [ ] Part-time
   - If Part-time/ [ ] 20+ hrs/week [ ] Less than 20 hrs

3. If you attend school and work, do your hours for both total 20 hours or more? [ ] Yes [ ] No [ ] N/A

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? [ ] Yes [ ] No [ ] N/A

5. If you do not work outside the home, do you have financial support while you care for children elderly parents, or a relative? [ ] Yes [ ] No [ ] N/A

### Housing

6. Have you had three or more addresses during the past 12 months? [ ] Yes [ ] No [ ] N/A

7. Have you moved between friends, family, and/or shelters during the past 12 months? [ ] Yes [ ] No [ ] N/A

8. If you do not have stable housing, do you consider yourself homeless? [ ] Yes [ ] No [ ] N/A

### Substance Use

9. Within the last 12 months have you committed a crime while under the influence of alcohol or mood-altering chemicals? [ ] Yes [ ] No [ ] N/A
10. Within the past 12 months have you chosen to enter substance abuse treatment? [ ] Yes [ ] No

11. Within the past 12 months have you been court-ordered to do a chemical health evaluation or receive chemical health treatment? [ ] Yes [ ] No

12. Within the past 12 months, have alcohol or mood-altering chemicals contributed to problems with your intimate relationship, family, work, or school? [ ] Yes [ ] No

13. Have you had an alcohol abuse problem in the last six months? [ ] Yes [ ] No

14. Have you used illegal mood-altering chemicals during the last six months? [ ] Yes [ ] No

15. What is your marital status? □ Married □ Divorced □ Separated □ Widowed □ Never Married

16. How many minor children or others live with you or receive financial support from you? [ ] Number of Children [ ] Number of Others # Total

17. Have you ever been in or served in the United States armed forces? [ ] Yes [ ] No

Please enter the name, relationship, and phone number of someone who knows you well:

Name/  
Relationship/  
Phone/

Systems Checked (Probation use only)

□ BCA □ CSTS □ S3 □ MNCIS/MGA
□ CISR □ GLWS □ DL □ JMS

P.O.