



## Minnesota Pretrial Questionnaire

明尼苏达州预审问卷

<b>Name (Last)</b> 名字 (姓)	<b>(First)</b> (名)	<b>(Middle)</b> (中间名)		
<b>County of Residence</b> 居住县	<b>Duration</b> 持续时间  yr/年      mo/月	<b>DOB</b> 生日	<b>Age</b> 年龄	
<b>Street Address</b> 街道地址	<b>Apt #</b> 门牌号	<b>City</b> 城市	<b>State</b> 州	<b>ZIP</b> 邮政编码
<b>Mailing Address</b> 邮寄地址	<b>Apt #</b> 门牌号	<b>City</b> 城市	<b>State</b> 州	<b>ZIP</b> 邮政编码
<b>Employment/ Education</b> 工作/教育 情况	<b>1. Are you currently employed?/您当前是否受雇工作? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否 <b>If Yes/如果选“是”，则您是:</b> <input type="checkbox"/> Full-time/全职工作 <input type="checkbox"/> Part-time/兼职工作 <b>If Part-time/如果选“兼职工”，则您:</b> <input type="checkbox"/> 20+ hrs/week/每周工作20小时以上 <input type="checkbox"/> Less than 20 hrs/week/每周工作20小时以下			
	<b>2. Do you currently attend school?/您当前是否在上学? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否 <b>If Yes/如果选“是”，则您是:</b> <input type="checkbox"/> Full-time/全职工作 <input type="checkbox"/> Part-time/兼职工作 <b>If Part-time/如果选“兼职工”，则您:</b> <input type="checkbox"/> 20+ hrs/week/每周工作20小时以上 <input type="checkbox"/> Less than 20 hrs/week/每周工作20小时以下			
	<b>3. If you attend school and work, do your hours for both total 20 hours or more?/如果您半工半读，则两者相加时间是否超过20小时? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否			
	<b>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?/如果您没有外出工作，您是否从公共援助、任何形式的社会保障福利、残障福利或养老金福利中获得收入?.....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否			
	<b>5. If you do not work outside the home, do you have financial support while you care for children elderly parents, or a relative?/如果您没有外出工作，您在照顾孩子、年迈父母或亲戚时是否获得了财务援助? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否			
<b>Housing</b> 住房	<b>6. Have you had three or more addresses during the past 12 months?/在过去的12个月里，您是否有三个或以上的地址? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否			
	<b>7. Have you moved between friends, family, and/or shelters during the past 12 months?/在过去的12个月里，您是否曾在亲朋好友家和/或庇护所之间流离? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否			
	<b>8. If you do not have stable housing, do you consider yourself homeless?/如果您没有稳定的住房，您认为您属于无家可归人群吗? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否			
<b>Substance Use</b> 物质使用	<b>9. Within the last 12 months have you committed a crime while under the influence of alcohol or mood-altering chemicals?/在过去的12个月里，您是否曾在酒精或可能改变情绪的物质作用下有过违法犯罪行为? .....</b> <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否			

	<p>10. Within the past 12 months have you chosen to enter substance abuse treatment?/ 在过去的12个月里, 您是否曾选择接受物质滥用治疗? ..... <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否</p> <p>11. Within the past 12 months have you been court-ordered to do a chemical health evaluation or receive chemical health treatment?/在过去的12个月里, 您是否曾收到 法院命令进行化学品健康评估或接受化学品健康治疗? ..... <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否</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?/在过去的12个 月里, 酒精或可能改变情绪的物质是否曾导致您的亲密关系、家庭、工作或学校生 活出现问题? ..... <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否</p> <p>13. Have you had an alcohol abuse problem in the last six months?/在过去的6个月里 , 您是否有过酗酒的问题? ..... <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否</p> <p>14. Have you used illegal mood-altering chemicals during the last six months?/在过去 的6个月里, 您是否使用过违法的情绪改变物质? ..... <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否</p>
<p>Community Ties 社区联系</p>	<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 您目前婚姻状况如何? 已婚 离异 分居 丧偶 未婚</p> <p>16. How many minor children or others live with you or receive financial support from you?/有多少未成年子女或儿童与您同住, 或接受您的财务援助? Children/子女: _____ Others/其他: _____ Total/总人数..... _____</p>
<p>Military 服役情况</p>	<p>17. Have you ever been in or served in the United States armed forces?/ 您是否曾在 美国军队服役? ..... <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否</p>
<p>Please enter the name, relationship, and phone number of someone who knows you well/ 请输入某一熟悉您的人士的姓名、与您的关系和电话号码:</p> <p style="text-align: right;">Name/姓名      Relationship/与您的关系      Phone/电话</p>	
<p>Systems Checked (Probation use only) 系统核查 (仅限试用期)</p> <p><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>	<p>P.O.</p>