



Minnesota Pretrial Questionnaire (Revised)

Daim Ntawv Soj Ntsuam Ua Ntej Txiaiv Txim Plaub Ntug ntawm Minnesota (Kho Dua Tshiab)

Name/Lub Npe (Last)/(Lub Xeem) (First)/(Lub Npe) (Middle)/(Npe Nruab Nrab)		
Date of Assessment (dd/mm/yyyy): Hnub Ntsuas Xyuas (hnuv/hli/xyoo):	DOB Hnub Yug	Age Hnub Nyoog
County of Residence/Cheeb Tsam Nroog Nyob Rau:	Duration/Ncua Sij Hawm: yr/Xyoo	mo/Hli
Street Address/Chaw Nyob Txoj Kev	Apt # Tus Naj Npawb Lub Tsev So	City/Lub Nroog State/Lub Xeev ZIP/Tus ZIP
Mailing Address/Chaw Xa Ntawv	Apt # Tus Naj Npawb Lub Tsev So	City/Lub Nroog State/Lub Xeev ZIP/Tus ZIP
Employment /Education Kev Ntiav Hauj Lwm/ Kev Kawm	1. Are you Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Tam sim no koj puas ua hauj lwm lawm? Yog Tsis Yog If Yes/Yog Tias Yog: <input type="checkbox"/> Full-time/Txwm sij hawm <input type="checkbox"/> Part-time/lb nrab sij hawm If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week Yog tias lb nrab sij hawm: 20+ teev/lim tiam Tsawg dua 20 teev/lim tiam	
	2. Do you currently attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No Tam sim no koj puas kawm ntawv lawm? Yog Tsis Yog If Yes/Yog Tias Yog: <input type="checkbox"/> Full-time/Txwm sij hawm <input type="checkbox"/> Part-time/lb nrab sij hawm If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week Yog tias lb nrab sij hawm: 20+ teev/lim tiam Tsawg dua 20 teev/lim tiam	
	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 Yog tias koj mus kawm ntawv thiab ua hauj lwm ua ke, koj puas yog ua ob qho tib si xam sij hawm tag nrho yog 20 teev los sis ntau dua ntawd? Yog 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>Yog tias koj tsis ua hauj lwm sab nraum tsev, koj puas tau txais cov nyiaj khwv tau los ntawm kev pab pej xeem, nyiaj pab xaus saus txhua hom, nyiaj pab kev xiam oob qhab, los sis nyiaj laus?.....Yog Tsis Yog</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> <p>Yog tias koj tsis ua hauj lwm sab nraum tsev, koj puas tau txais cov kev pab nyiaj txiag los pab saib xyuas koj cov me nyuam, niam txiv laus, los sis cov txheeb ze?.....Yog Tsis Yog</p>
Substance Use/ Kev Siv Tshuaj Txhaum Cai	<p>6. Have you had an alcohol abuse problem in the last six months?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Koj puas tau muaj teeb meem txog kev haus dej cawv nyob hauv rau lub hlis dhau los?.....Yog Tsis Yog</p> <p>7. Have you used illegal mood-altering chemicals during the last six months?...<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Koj puas tau siv cov tshuaj txhaum cai los pab tswj koj txoj kev xav nyob hauv rau lub hlis dhau los?.....Yog Tsis Yog</p>
Children/ Me nyuam yaus	<p>8. How many minor children or others live with you or receive financial support from you?</p> <p>Muaj pes tsawg tus me nyuam los sis lwm tus uas nyob nrog koj los sis tau txais kev pab cuam nyiaj txiag los ntawm koj?</p> <p>Children/Me nyuam yaus: _____ Others/Lwm tus: _____ Total/Tag nrho: _____</p>
Military/ Tub Rog	<p>9. Have you ever been in or served in the United States armed forces?.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Koj puas tau koom nrog los sis ua hauj lwm ua tub rog hauv Teb Chaws Meskas?.....Yog Tsis Yog</p>
<p>Please enter the name, relationship, and phone number of someone who knows you well:</p> <p>Thov sau npe, kev sib txheeb ze, thiab tus xov tooj ntawm ib tus neeg uas paub koj zoo:</p>	
<p>Systems Checked (Probation. use only)</p> <p>Lub Lab Npauv Tau Tshawb Xyuas Lawm (Sim siv nkaus xwb)</p> <p><input type="checkbox"/> BCA <input type="checkbox"/> CSTS <input type="checkbox"/> S3 <input type="checkbox"/> MNCIS/MGA</p> <p><input type="checkbox"/> CISR <input type="checkbox"/> GLWS <input type="checkbox"/> DL <input type="checkbox"/> JMS</p>	<p>P.O./P.O.</p>