



Minnesota Pretrial Questionnaire (Revised)

Su'aalaha Hodhaca Maxkamadeynta ee Minnesota

(La Cusbooneysiyeey)

Name/Magaca (Last)/(Awoowaha) (First)/(Koowaad) (Middle)/(Aabbaha)				
Date of Assessment (dd/mm/yyyy): Taariikhda Qiimeynta (dd/mm/yyyy):		DOB Taariikhda Dhalashada	Age Da'da	
County of Residence/Deegaanka aad Deggen Tahay		Duration/Muddadii:	yr/sannadka	mo/bisha
Street Address/Cinwaanka Guriga		Apt # Qolka ama Apt. #	City Magaalada	State Gobolka ZIP Lambarka Boostada Xaafadda (Zip)
Mailing Address/Cinwaanka Waraaqaha		Apt # Qolka ama Apt. #	City Magaalada	State Gobolka ZIP Lambarka Boostada Xaafadda (Zip)
Employment /Education Shaqada/ Waxbara- shada	1. Are you Currently employed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Hadda Ma shaqeysaa?..... Haa Maya			
	If Yes/Haddii aad haa tiri: <input type="checkbox"/> Full-time/Si-buuxda <input type="checkbox"/> Part-time/Saacado			
	If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week Haddii aad saacado tiri: 20+ saac/toddobaadkii Wax ka yar 20 saac/toddobaadkii			
	2. Do you currently attend school?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Hadda iskuul ma dhigataa?..... Haa Maya			
	If Yes/Haddii aad haa tiri: <input type="checkbox"/> Full-time/Si-buuxda <input type="checkbox"/> Part-time/Saacado			
If Part-time: <input type="checkbox"/> 20+ hrs/week <input type="checkbox"/> Less than 20 hrs/week Haddii aad saacado tiri: 20+ saac/toddobaadkii Wax ka yar 20 saac/toddobaadkii				
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 Haddii aad iskuul dhigato oo aad shaqeyso, miyey wadarta saacaduhu yihiin 20 saac ama ka badan?..... Haa Maya				
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				

Substance Use/ Isticmaalka Mukhaadaraadka	Haddii aadan ka shaqeyn meel ka baxsan guriga, ma waxaa dakhli kuu ah kaalmo dowladeed, gunnada hawlgabka ama nooc ay ahaato, lacagta naafada, ama lacag hawlgab?.....Haa Maya
	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
	Haddii aadan ka shaqeyn meel ka baxsan guriga, ma haysataa taageero dhaqaale markaad daryeeleyso carruur, waalid waayeel ah, ama qaraabo?.....Haa Maya
Children/ Carruurta	6. Have you had an alcohol abuse problem in the last six months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ma la kulantay dhibaato ah cabbista khamri badan lixdii bilood ee la soo dhaafay?.....Haa Maya
Military/ Ciidanka	7. Have you used illegal mood-altering chemicals during the last six months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ma isticmaashay mukhaadaraad maskaxda beddela oo sharci-darro ah lixdii bilood ee la soo dhaafay?.....Haa Maya
	8. How many minor children or others live with you or receive financial support from you? Immisa qof ayaad masruuftaa oo ah carruur aan qaangaarin ama dad kale oo kula nool? Children/Carruur: _____ Others/Dadka Kale: _____ Total/Wadarta: _____
	9. Have you ever been in or served in the United States armed forces?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Weligaa ma ku biirtay ama ma ka soo shaqeysay Ciidamada qalabka sida ee Mareykanka?.....Haa Maya

Please enter the name, relationship, and phone number of someone who knows you well:	Name	Relationship	Phone
Fadlan qor magaca, waxaad isku tihiin, iyo lambarka taleefanka qof si fiican kuu garanaya:	Magaca	Waxaad isku tihiin	Taleefanka

Systems Checked (Probation. use only) Waxyaabaha Baarashada (Baroobeyshan. isticmaalid xafiis)	P.O./P.O.
<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	