



Minnesota Pretrial Questionnaire

Gaaffannoo Murtootti-dhiyaachuun duraa Minnesota

Name (Last) <i>Maqaa (Dhumaa)</i>	(First) <i>(Duraa)</i>	(Middle) <i>(Gidduu)</i>
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County of Residence <i>Kutaa-biyyaa Jireenyaa</i>	Duration <i>Hanga-yeroo</i> <i>yr/waggaa mo/ji'a</i>	DOB <i>Guyyaa Dhalootaa</i>	Age <i>Umurii</i>
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Street Address <i>Teessoo Daandii</i>	Apt # <i>Lakk Apt</i>	City <i>Magaalaa</i>	State <i>Mootummaa-Naannoo</i>	ZIP <i>Koodii Poostaa</i>
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Mailing Address <i>Teessoo Imeelii</i>	Apt # <i>Lakk Apt</i>	City <i>Magaalaa</i>	State <i>Mootummaa-Naannoo</i>	ZIP <i>Koodii Poostaa</i>
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Employment/ Education <i>Qacarrii/Barnoota</i>	1. Are you currently employed?/Yeroo ammaa qacaramtee jirtaa?..... <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti If Yes/Eyyee <input type="checkbox"/> Full-time/Yeroo-guutuu <input type="checkbox"/> Part-time/Yeroo-walakkee <i>yoo ta'e:</i> If Part-time/ Yeroo-walakkee yoo ta'e: <input type="checkbox"/> 20+ hrs/week/Toorbanitti <input type="checkbox"/> Less than 20 hrs/week/Toorbanitti sa'aatii 20 gadi <i>sa'aatii 20 ol</i>
	2. Do you currently attend school?/Yeroo ammaa barumsa barachaa jirtaa?..... <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti If Yes/Eyyee <input type="checkbox"/> Full-time/Yeroo-guutuu <input type="checkbox"/> Part-time/Yeroo-walakkee <i>yoo ta'e:</i> If Part-time/ Yeroo-walakkee yoo ta'e: <input type="checkbox"/> 20+ hrs/week/Toorbanitti <input type="checkbox"/> Less than 20 hrs/week/Toorbanitti sa'aatii 20 gadi <i>sa'aatii 20 ol</i>
	3. If you attend school and work, do your hours for both total 20 hours or more?/Barumsaas barachaa hojiis hojjechaa jirta yoo ta'e, sa'aatiin kanneen lameenii waliigalatti sa'aatii 20 yookiin isaa ol ni ta'aa? <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti
	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?/Manaa alatti hin hojjetu yoo ta'e, gargaarsa hawaasaa, faayidaawwan wabii-hawaasummaa gosa kamiyyu, faayidaawwan qaama-hir'ummaa, yookiin faayidaawwan dullumaa irraa galii ni fudhattaa?..... <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti
	5. If you do not work outside the home, do you have financial support while you care for children elderly parents, or a relative?/Manaa alatti hin hojjetu yoo ta'e, daa'immaniif, abbaa/haadha dulloomoof, yookiin firaaf yommuu kunuunsa kennitu gargaarsa maallaqaa ni qabdaa? <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti

Housing <i>Manajireenyaa</i>	6. Have you had three or more addresses during the past 12 months?/Ji'oota 12 darban keessatti teessoowwan sadii yookiin isaa ol qabaachaa turtee?..... <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti
	7. Have you moved between friends, family, and/or shelters during the past 12 months?/Ji'oota 12 darban keessatti hiriyyoota, maatii, fi/yookiin bakka-jireenyaa gidduu deemtee turtee?..... <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti

	<p>8. If you do not have stable housing, do you consider yourself homeless?/<i>Mana jireenyaa tasgabbaa'aa hin qabdu yoo ta'e, akka nama mana hin qabneetti of ni ilaaltaa?</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</p>
<p>Substance Use <i>Fayyadama waantota araada qabsiisan</i></p>	<p>9. Within the last 12 months have you committed a crime while under the influence of alcohol or mood-altering chemicals?/<i>Ji'oota 12 darban keessatti dhiibbaa alkoolii yookiin keemikaalota haala miiraa jijjiiran jala otoo jirtuu yakka raawwattee turtee?...</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</p> <p>10. Within the past 12 months have you chosen to enter substance abuse treatment?/<i>Ji'oota 12 darban keessatti tajaajila fayyadama waantota araada qabsiisanii seenuuf filattee turtee?</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</p> <p>11. Within the past 12 months have you been court-ordered to do a chemical health evaluation or receive chemical health treatment?/<i>Ji'oota 12 darban keessatti madaallii keemikaalaa fayyaa yookiin tajaajila fayyaa keemikaalaa akka fudhattuuf mana-murtiidhaan ajajamtee ni beektaa?</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</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?/<i>Ji'oota 12 darban keessatti, alkooliin yookiin keemikaalonni haala miiraa jijjiiran rakkoowwan nama si waliin walitti dhufeenya qabu, maatii, iddoo hojii, yookiin mana-barnootaatti jiruuf gumaacheeraa?</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</p> <p>13. Have you had an alcohol abuse problem in the last six months?/<i>Ji'oota ja'an darban keessatti rakkoo alkoolii humnaa-ol fayyadamuu qabda turee?</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</p> <p>14. Have you used illegal mood-altering chemicals during the last six months?/<i>Ji'oota ja'an darban keessatti keemikaalota haala-miiraa jijjiiran kanneen seeraan alaa fayyadamteettaa?</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</p>
<p>Community Ties <i>Walitti-dhufeenya hawaasaa</i></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 <i>Eerumee/fuudlGaa'ila Waliin addaan Abbaan Fuudhee/heerumee</i> <i>Haalli gaa'ilaa kee ee jira hiikee jira ba'ee jira manaa/haati hin beeku</i> <i>akkami? manaa du'eera/duuteetti</i></p> <p>16. How many minor children or others live with you or receive financial support from you?/<i>Daa'immaan xixiqqoon yookiin kanneen biroo meeqatu si waliin jiraatu yookiin gargaarsa maallaqaa sirraa fudhatu?</i> Children/Daa'im _____ Others/Kanneen _____ <i>man: biroo:</i> Total/Idaa'ama _____</p>
<p>Military <i>Ittisa-Biyyaa</i></p>	<p>17. Have you ever been in or served in the United States armed forces?/<i>Humnoota ittisa biyyaa Ameerikaa keessa taatee yookiin keessatti tajaajiltee ni beektaa?</i> <input type="checkbox"/> Yes/Eyyee <input type="checkbox"/> No/Miti</p>
<p>Please enter the name, relationship, and phone number of someone who knows you well/<i>Maaloo maqaa, walitti-dhufeenya, fi lakkoofsa bilbilaa nama sirriitti si beekuu barreessi:</i></p>	
<p>Systems Checked (Probation use only) <i>Sirniwwan kan mirkanaa'e (Fayyadama kaadhimmammummaa qofaaf)</i></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>