



## Minnesota Pretrial Questionnaire

*Su'aalaha xog ururinta Xukunka ka hor ee Minnesota*

<b>Name (Last)</b> <i>Magaca (Dambe)</i>	<b>(First)</b> <i>(Koowaad)</i>	<b>(Middle)</b> <i>(Dhexe)</i>		
<b>County of Residence</b> <i>Degmadda la Degenyahay</i>	<b>Duration</b> <i>Muddada</i>  <i>yr/sanadka mo/bil</i>	<b>DOB</b> <i>Taariikhda Dhalashada</i>		
<b>Street Address</b> <i>Cinwaanka Jidka</i>	<b>Apt #</b> <i>Dabaqa #</i>	<b>City</b> <i>Magaalada</i>	<b>State</b> <i>Gobolka</i>	<b>ZIP</b> <i>Sibka</i>
<b>Mailing Address</b> <i>Cinwaanka Boostada</i>	<b>Apt #</b> <i>Dabaqa #</i>	<b>City</b> <i>Magaalada</i>	<b>State</b> <i>Gobolka</i>	<b>ZIP</b> <i>Sibka</i>
<b>Employment/ Education</b> <i>Shaqada/ Waxbarashadda</i>	<b>1. Are you currently employed?/Hadda miyaad shaqaysaa?.....</b> <input type="checkbox"/> <b>Yes/Haa</b> <input type="checkbox"/> <b>No/May</b> <b>If Yes/Haddii</b> <input type="checkbox"/> <b>Full-time/Wakhtiga buuxa</b> <input type="checkbox"/> <b>Part-time/Nus gelin</b> <i>haa:</i> <b>If Part-time/Haddii nus</b> <input type="checkbox"/> <b>20+ hrs/week/20+</b> <input type="checkbox"/> <b>Less than 20 hrs/week/Ka yar 20 saac/todobaadka</b> <i>gelin: saac/todobaadka</i>			
	<b>2. Do you currently attend school?/Hadda miyaad dhigataa dugsiga?.....</b> <input type="checkbox"/> <b>Yes/Haa</b> <input type="checkbox"/> <b>No/May</b> <b>If Yes/Haddii</b> <input type="checkbox"/> <b>Full-time/Wakhtiga</b> <input type="checkbox"/> <b>Part-time/Nus gelin</b> <i>haa: buuxa</i> <b>If Part-time/Haddii nus</b> <input type="checkbox"/> <b>20+ hrs/week/20+</b> <input type="checkbox"/> <b>Less than 20 hrs/week/Ka yar 20 saac/todobaadka</b> <i>gelin: saac/todobaadka</i>			
	<b>3. If you attend school and work, do your hours for both total 20 hours or more?/Haddii aad dugsiga dhigato iyo shaqo, miyay saacadahaaga labbaduba wadartoodu tahay 20 saacadood ama ka badantahay? .....</b> <input type="checkbox"/> <b>Yes/Haa</b> <input type="checkbox"/> <b>No/May</b>			
	<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?/Haddii aanad ka shaqayn dibadda guriga, miyaad ka heshaa dakhli caawimada dad waynaha, dheefaha amniga bulshadda nooc kastaba, dheefaha naafanimada, ama dheefaha hawl gabka? .....</b> <input type="checkbox"/> <b>Yes/Haa</b> <input type="checkbox"/> <b>No/May</b>			
	<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?/Haddii aanad ka shaqayn dibadda guriga, miyaad haysataa taageerada dhaqaalaha marka aad daryeesho carruurta waalidka duqayda ah, ama qaraabada?.....</b> <input type="checkbox"/> <b>Yes/Haa</b> <input type="checkbox"/> <b>No/May</b>			
<b>Housing</b> <i>Guriyanta</i>	<b>6. Have you had three or more addresses during the past 12 months?/Miyaaad lahayd saddex ama cinwaano guri ka badan muddada 12 bilood ee la soo dhaafay?.....</b> <input type="checkbox"/> <b>Yes/Haa</b> <input type="checkbox"/> <b>No/May</b>			
	<b>7. Have you moved between friends, family, and/or shelters during the past 12 months?/Miyaaad u guurtay dhexda saaxiibada, qoyska, iyo/ama guryaha gaboodka ah muddada 12 bilood ee la soo dhaafay?.....</b> <input type="checkbox"/> <b>Yes/Haa</b> <input type="checkbox"/> <b>No/May</b>			

	<p>8. If you do not have stable housing, do you consider yourself homeless?/<i>Haddii aanad haysan guri la dego oo degen, miyaad naftaada uga fekertaa qof aan hoy lahayn?</i> ..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</p>
<p><b>Substance Use</b> <i>Isticmaalka Maandooriyaha</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>Gudaha 12 bilood ee la soo dhaafay miyaad gashay dembi marka ay ku saamaysay isticmaalka khambarada ama kimikada dareenka beddesha?</i> ..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</p> <p>10. Within the past 12 months have you chosen to enter substance abuse treatment?/<i>Gudaha 12 bilood ee la soo dhaafay miyaad dooratay inaad gasho daawaynta isticmaalka maandooriyaha?</i> ..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</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>Gudaha 12 bilood ee la soo dhaafay miyay maxkamad kugu amartay inaad samayso qiimaynta caafimaadka ee kimikada ama miyaad heshay daawaynta caafimaadka ee kimikada?</i> ..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</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>Gudaha 12 bilood ee la soo dhaafay, miyay khamro ama kimikada beddesha dareenka wax ku biirisay dhibaatooyinka xidhiidhkaaga kalgacalka, qoyska, shaqada, ama dugsiga?</i>..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</p> <p>13. Have you had an alcohol abuse problem in the last six months?/<i>Miyaad lahayd dhibaatada si xun u isticmaalka maandooriyaha lixdii bilood ee u dambaysay?</i>..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</p> <p>14. Have you used illegal mood-altering chemicals during the last six months?/<i>Miyaad isticmaashay kimikada beddesha dareenka ee sharci darrada ah lixdii bilood ee u dambeeyay?</i> ..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</p>
<p><b>Community Ties</b> <i>Xidhiidhka Bulshada</i></p>	<p>15. What is your marital status? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <i>Xaas ah La furay Separated Lammaane ka Weligeed ma guursan</i> <i>Waa maxay heerkaaga guurku? Kala maqan dhintay</i></p> <p>16. How many minor children or others live with you or receive financial support from you?/<i>Imisa carruur aad u yaryar ama kuwa kale ayaa adiga kula nool ama kaa hela adiga taageerada dhaqaalaha?</i> Children/Carruur _____ Others/Kuwa _____ <i>ta: kale:</i> Total/Wadarta .....</p>
<p><b>Military</b> <i>Ciidanka</i></p>	<p>17. Have you ever been in or served in the United States armed forces?/<i>Weligaa miyaad ku jirtay ama ka adeegtay Ciidamada xoogga ee Maraykanka?</i> ..... <input type="checkbox"/> Yes/Haa <input type="checkbox"/> No/May</p>
<p>Please enter the name, relationship, and phone number of someone who knows you well/<i>Fadlan geli magaca, xidhiidhka, iyo lambarka telefoonka qof si wanaagsan adiga kuu garanaya:</i></p> <p style="text-align: right;">Name/Magaca    Relationship/Xidhiidhka    Phone/Telefoonka</p>	
<p><b>Systems Checked (Probation use only)</b> <i>Nidaamka La hubiyay (Isticmaalka tijaabin oo keliya)</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><b>P.O.</b></p>