

**AFFIDAVIT OF ATTENDANT CARE RENDERED**

**Injured Person:** \_\_\_\_\_

**Care Provider:** \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Soc Sec No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Attendant Care Services Provided**

- |  |                                |
|--|--------------------------------|
| A. Safety Supervision                  | J. Eating / Meal Preparation   |
| B. Ambulation Assistance               | K. Medication Management       |
| C. Transferring / Positioning          | L. Management of Finances      |
| D. Emotional Assistance                | M. Bandage / Wound Care        |
| E. Bathing Assistance                  | N. Hygiene Assistance          |
| F. Dressing Assistance                 | O. Physical Therapy Assistance |
| G. Grooming Assistance                 | P. Other _____                 |
| H. Toileting Assistance                | _____                          |
| I. Transportation Needs / Medical Appt |                                |

**Work Performed:** On the following calendar, please indicate the services by letter and the dates on which those services were performed.

<u>March 1</u>	<u>March 2</u>	<u>March 3</u>	<u>March 4</u>	<u>March 5</u>	<u>March 6</u>	<u>March 7</u>
<u>March 8</u>	<u>March 9</u>	<u>March 10</u>	<u>March 11</u>	<u>March 12</u>	<u>March 13</u>	<u>March 14</u>
<u>March 15</u>	<u>March 16</u>	<u>March 17</u>	<u>March 18</u>	<u>March 19</u>	<u>March 20</u>	<u>March 21</u>
<u>March 22</u>	<u>March 23</u>	<u>March 24</u>	<u>March 25</u>	<u>March 26</u>	<u>March 27</u>	<u>March 28</u>
<u>March 29</u>	<u>March 30</u>	<u>March 31</u>				

5. I have spent \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week performing these services.

6. Have you provided these services prior to the accident? \_\_\_\_\_

7. **Agreement / Compensation** - As of today, I have not been paid for the services performed that I expect to be paid \$ \_\_\_\_\_ per hour.

I declare the above information to be true and accurate as the above services were performed as indicated.

\_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

