

**AFFIDAVIT OF HOUSEHOLD SERVICES RENDERED**

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

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

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

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

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

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

**Household Services Provided**

- |                     |                              |
|---------------------|------------------------------|
| A. Transportation   | J. Sweeping Mopping          |
| B. Errands          | K. Child Care                |
| C. Grocery Shopping | L. Take Out Garbage          |
| D. Cooking          | M. Yard Work / Grass Cutting |
| E. Vacuuming        | N. Care for Pets             |
| F. Dusting          | O. Clean Bedroom / Make Beds |
| G. Dishwashing      | P. Clean Bathroom            |
| H. Laundry          | Q. Other _____               |
| I. Wash Windows     | _____                        |

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

|                 |                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <u>April 1</u>  | <u>April 2</u>  | <u>April 3</u>  | <u>April 4</u>  | <u>April 5</u>  | <u>April 6</u>  | <u>April 7</u>  |
| <u>April 8</u>  | <u>April 9</u>  | <u>April 10</u> | <u>April 11</u> | <u>April 12</u> | <u>April 13</u> | <u>April 14</u> |
| <u>April 15</u> | <u>April 16</u> | <u>April 17</u> | <u>April 18</u> | <u>April 19</u> | <u>April 20</u> | <u>April 21</u> |
| <u>April 22</u> | <u>April 23</u> | <u>April 24</u> | <u>April 25</u> | <u>April 26</u> | <u>April 27</u> | <u>April 28</u> |
| <u>April 29</u> | <u>April 30</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 **\$20.00** per hour.

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

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

