

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

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

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

