

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

