

HOUSEHOLD SERVICES STATEMENT

Injured Party: _____

Claim Number: _____

Service Provider's Name: _____

Service Provider's Address: _____

Telephone No.: _____

Describe specifically what services were provided by indicating (by letter) what services were performed on which dates:

- | | | |
|----------------|-----------------------|-------------------------------|
| A. Vacuuming | G. Laundry | M. Driving |
| B. Dusting | H. Changing Linens | N. Running Errands |
| C. Cooking | I. Snow Shoveling | O. Child Care |
| D. Dishwashing | J. Grass Cutting | P. Home Repairs (Be Specific) |
| E. Making Beds | K. Grocery Shopping | Q. Window Washing |
| F. Ironing | L. Taking Garbage Out | P. Misc. (Be Specific): _____ |

MONTH: _____

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

I provided Household Services to the above-named injured party a total of 7 days per week as indicated in the above calendar. As of today, I have not been paid for the services performed despite having provided these services with the expectation of payment. I have read this statement and swear it to be true.

Dated: _____

Provider Signature

Provider Signature