

HOUSEHOLD SERVICES STATEMENT

Injured Party: _____

Service Provider Name: _____

Service Provider Address: _____

Telephone No: _____ **Social Security No:** _____

Describe specifically what services were provided:

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

Month/Year _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Signature: _____ Dated: _____