AUTO ACCIDENT ATTORNEYS, PLLC

REPLACEMENT SERVICES (Household Chores etc.)

Injured Person: _____ Claim #: _____

Helper: _____ Helper's SSN: _____

Helper's Address: _____

Put down in the calendar what services (by letter) were provided:

A. Vacuuming	G. Laundry	M. Moving Things
B. Cleaning	H. Changing Linens	N. Home Repairs
C. Cooking	I. Snow Shoveling	O. Driving or Running Errands
D. Dishwashing	J. Grass Cutting	P. Child Care
E. Making Beds	K. Grocery Shopping	Q. Pet Care
F. Ironing	L. Taking Out Garbage	R. Misc.: _____

THE CALENDAR BELOW MUST BE FILLED OUT IN YOUR HELPER'S HANDWRITING:

Month & Year: _____

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