

AUTO ACCIDENT ATTORNEYS, PLLC

REPLACEMENT SERVICES (Household Chores etc.)

Injured Person: _____ Claim #: _____

Helper: _____ Helper's SSN: _____

Helper's Address: _____

Put down in the calendar below what services (by letter) that the Injured Person did before the accident that now the Helper is doing:

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

THE CALENDAR BELOW SHOULD BE FILLED OUT IN THE 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				
			✕	✕	✕	✕

Helper's Signature: _____ Date: ____/____/____