

AUTO ACCIDENT ATTORNEYS, PLLC

ATTENDANT CARE (Personal Care)

Injured Person: _____ Claim #: _____

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

- | | | |
|----------------|-----------------|--------------------|
| A. Hair Care | E. Bathing | I. Getting Dressed |
| B. Supervision | F. Toileting | J. Moving Around |
| C. Feeding | G. Shaving | K. Home Exercises |
| D. Massage | H. 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
Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
Date 8	Date 9	Date 10	Date 11	Date 12	Date 13	Date 14
Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
Date 15	Date 16	Date 17	Date 18	Date 19	Date 20	Date 21
Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
Date 22	Date 23	Date 24	Date 25	Date 26	Date 27	Date 28
Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
Date 29	Date 30	Date 31				
Hrs:	Hrs:	Hrs:	☒	☒	☒	☒

I, _____ ("Helper"), provided these services and I expect compensation.

Dated: _____ Helper's Signature: _____

Helper's Soc. Sec. No. _____