

Household Services Statement

to be completed and signed by the provider of services

Injured Party: _____

Service Provider: _____

Service Provider Address: _____

Service Provider Phone No.: _____ Service Provider SS#: _____

Use the Letters below to fill in the box for each day worked the services that were provided:

- | | | | |
|--------------------|-----------------------------|---------------------|---------------------|
| A. Cooking; | F. Taking out Garbage; | K. Ironing; | P. Snow Shoveling; |
| B. Cleaning; | G. Vacuuming; | L. Changing Linens; | Q. Home Repairs; |
| C. Washing Dishes; | H. Grocery Shopping; | M. Grass Cutting; | R. Window Washing; |
| D. Doing Laundry; | I. Helping with Child Care; | N. Driving; | S. Sweeping Floors; |
| E. Making Beds; | J. Dusting; | O. Running Errands | T. Other: |

Month and Year: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Service Provider acknowledges that Rickard, Denney, Garno & Associates holds a valid lein on any settlement of the claim and directs that all payments be made payable to the injured party and Rickard, Denney, Garno & Associates and remitted directly to Rickard, Denney, Garno & Associates, 67200 Van Dyke Rd., Suite 101, Washington, MI 48095.

Signature: _____ Dated: _____

Date of Accident: _____ Claim No.: _____



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