

AFFIDAVIT OF ATTENDANT CARE RENDERED

1. Provider Name(s): _____

2. Provider Address(es): _____

3. Provider Telephone No(s): _____

4. I/we did attendant care services for: _____

5. Please make the services you perform for the injured party:

- _____ Assisted in Clothing in Dressing
- _____ Assisted with Bathing Needs
- _____ Changing of Bandages and Wound Dressings
- _____ Assisted in Toileting Needs
- _____ Assisted with Grooming Needs
- _____ Administered Medications
- _____ Driving to and From Medical Appointments
- _____ Fulfilling All Transportation Needs
- _____ Changing of Linens and Bedding
- _____ Therapeutic Exercise Assistance
- _____ Home Physical Therapy Assistance
- _____ Daily Meal Preparation
- _____ Daily Appointment / Agenda Planning Assistance
- _____ Assisting in Tactical Organization and Planning of Daily Living
- _____ Assisting in Cognitive Rehabilitation Exercises and Therapy
- _____ Finance and Bill Payment Administration/Assistance
- _____ "Other" (please list the services provided) _____

6. I have spent _____ hours per day, _____ days per week, performing the services listed above during the period of _____ to _____.

7. As of today, I/we have not been paid for the services performed.

I have read this statement and swear it to be true.

Dated: _____

Signature