

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

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In re: : Chapter 11
: :
Monroe Hospital, LLC¹ : Case No. 14-07417-JMC-11
: :
Debtor. : Honorable James M. Carr
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ADMINISTRATIVE CLAIM REQUEST FORM

Name of Creditor: _____

Address of Creditor: _____

Telephone Number of Creditor: _____

Account or other number by which you identify the Debtor: _____

_____ Check here if you are aware that anyone else has filed an Administrative Claim Request Form relating to your claim. Attach a copy of statement giving particulars.

_____ Check here if you have never received any noticed from the Court in this Chapter 11 Case.

_____ Check here if this claim replaced or amends a previously submitted claim. Provide the date of the previously submitted claim.

1. Basis for Claim. _____

2. Date Debt was Incurred: _____

3. Total Amount of Administrative Claim: \$ _____

4. Brief Description of Claim. Attach particular invoices and shipping documents for which any of the amounts described in this form apply.

5. Credits and Setoffs. The amount of all payments on this claim have been credited and deducted for the purpose of making this Administrative Expense Claim Request. By filing this Administrative Claim Request Form claimant has deducted all amounts that

¹ The last four digits of the Debtor's taxpayer identification number are (9733).

claimant owes to the Debtor.

6. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, shipping documents, bills of lading, packing slips, receiving dock acceptances, itemized statements of running accounts, or contracts. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain why. If the documents are voluminous, attach a summary and identify from whom the Debtor may obtain a copy of the documents.
7. Ordinary Course Certification. By signing this claim form you are certifying that the goods for which payment is sought hereby were sold to the Debtor in the ordinary course of business.

Signature of Claimant: _____

Title: _____

Date: _____

NOTE: Pursuant to an Order of the Bankruptcy Court in the above-referenced chapter 11 bankruptcy case, all Administrative Claim Request Forms asserting Administrative Claims incurred after the Petition Date and before the Closing Date must be served upon and received by Monroe Hospital Claims Processing, c/o UpShot Services LLC, 7808 Cherry Creek South Drive, Suite 112, Denver, CO 80231. Claims must be received no later than January 30, 2015 at 5:00 pm (Mountain). Facsimile, e-mail and telecopy submissions will not be accepted.