

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN RE:)	CHAPTER 11
)	
CLAYTON GENERAL, INC., f/k/a Southern)	Jointly Administered Under
Regional Health System, Inc., d/b/a Southern)	CASE NO. 15-64266-wlh
Regional Medical Center, et al.,)	
)	
Debtors.)	
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**REQUEST FOR ALLOWANCE AND PAYMENT OF
ADMINISTRATIVE EXPENSE CLAIM PURSUANT TO 11 U.S.C. § 503**

COMES NOW the claimant identified below and hereby requests the allowance of an administrative expense claim pursuant to Section 503 of the Bankruptcy Code, and hereby shows the following:

CLAIMANT'S NAME AND ADDRESS: _____

Amount of 11 U.S.C. § 503 Administrative Expense \$ _____

1. The undersigned holds an administrative expense claim pursuant to 11 U.S.C. § 503 in the amount identified above against the following Debtor identified in these bankruptcy cases: _____.

2. The consideration for this debt (or ground for this liability owed by the Debtor is as follows:

3. The administrative expense is entitled to administrative priority under 11 U.S.C. § 503(b) and 11 U.S.C. § 507(a)(2) because:

4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.

5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.

6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: _____.

Name of Claimant: _____

Signed: _____

By (if appropriate): _____

As Its (if appropriate): _____

INSTRUCTIONS:

Mail the completed form to the Debtors' Claims Processing Agent: Southern Regional Claims Processing Center, c/o Kurtzman Carson Consultants, LLC, 2335 Alaska Ave., El Segundo, CA 90245, so as to be received no later than June 30, 2016.

YOU ARE ENCOURAGED TO CONSULT YOUR ATTORNEY REGARDING THE LAW, YOUR LEGAL RIGHTS, THE MEANING OF TERMS USED IN THE BANKRUPTCY CODE, THIS REQUEST FORM AND THE ADMINISTRATIVE CLAIM BAR DATE NOTICE.