

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

HC LIQUIDATING, INC.,

Debtor.<sup>1</sup>

Chapter 11

Case No. 23-10259 (TMH)

**ADMINISTRATIVE EXPENSE PAYMENT REQUEST FORM**

**THIS FORM IS TO BE USED ONLY FOR CERTAIN ADMINISTRATIVE EXPENSE  
CLAIMS INVOLVING THE DEBTOR AND OCCURRING BETWEEN  
FEBRUARY 24, 2023 AND JULY 17, 2023**

**FOR CLAIMS ARISING BEFORE FEBRUARY 24, 2023 (AND FOR SECTION 503(B)(9)  
CLAIMS), USE THE GENERAL PROOF OF CLAIM FORM**

1. **Name of claimant:** \_\_\_\_\_

2. **Name of Debtor claim asserted against:**

HC Liquidating, Inc. (formerly known as HyreCar, Inc.)

3. **Nature and description of the claim (you may attach a separate summary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Date(s) claim arose:** \_\_\_\_\_

5. **Amount of claim: \$** \_\_\_\_\_

6. **Documentation supporting the claim must be attached hereto.** Documentation should include both evidence of the nature of the administrative expense claim asserted as well as evidence of the date or dates on which the administrative expense claim arose.

*[see reverse page for signature]*

\_\_\_\_\_

<sup>1</sup> The last four digits of the Debtor's federal tax identification numbers are 0487. The Debtor's mailing address is 1001 Wilshire Boulevard PMB 2196, Los Angeles, CA 90017.

**SIGN BELOW:**

**The person completing this payment request must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

- ☐ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Payment Request* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Payment Request* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date (MM/DD/YYYY): \_\_\_\_\_

Signature: \_\_\_\_\_

**Print the name of the person who is completing and signing this claim:**

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_

Company (identify the corporate servicer as the company if the authorized agent is a servicer): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Instructions for Payment Request Form

United States Bankruptcy Court

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

## How to fill out this form

- **Name of Claimant.** Indicate your full name.
- **Indicate Debtor against which you are asserting your request.** The name of the Debtor has already been inserted into the form.
- **Indicate the nature and basis/description of your claim.**
- **Indicate the date(s) the claim arose.**
- **Indicate the amount of your claim.** Indicate the amount of your claim in lawful currency of the United States as of the Administrative Claim Bar Date.
- **Attach any supporting documents to this form.**  
Attach redacted copies of any documents that show that the debt exists. (See the definition of *redaction* on the reverse page.). Documentation should include both evidence of the nature of the administrative expense claim asserted as well as evidence of the date or dates on which the administrative expense claim arose.
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**

- **A Payment Request form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

## Confirmation that the request has been filed

To receive confirmation that the request has been filed, either enclose a stamped self-addressed envelope and a copy of this form or you may access the claims agent's website ([www.donlinrecano.com/hyrecar](http://www.donlinrecano.com/hyrecar)) to view the filed form.

## Understand the terms used in this form

**Administrative expense:** Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate.  
11 U.S.C. § 503.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt.

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Payment Request* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a request is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the request.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Payment Request* form and any attached documents.

**Do not file these instructions with your form.**

**PLEASE SEND COMPLETED ADMINISTRATIVE  
EXPENSE PAYMENT REQUEST FORMS TO:**

**If sent by mail, send to:**

Donlin, Recano & Company, Inc.  
Re: HyreCar, Inc.  
P.O. Box 199043  
Blythebourne Station  
Brooklyn, NY 11219

**If sent by Overnight Courier or Hand Delivery, send to:**

Donlin, Recano & Company, Inc.  
Re: HyreCar, Inc.  
6201 15th Avenue  
Brooklyn, NY 11219

**Alternatively, your payment request may be filed  
electronically on DRC's website at:**

<https://www.donlinrecano.com/Clients/hci/FileClaim>