

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20055445		YES:	NO
Case Name:	Hubert Font FS-4731	Prehearing Held:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	v.	Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Verizon Select Services Inc.	Testimony Taken:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location:	Pittsburgh	Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date:	January 17, 2006	Hearing Concluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALJ:	John H. Corbett, Jr.	Further Hearing Needed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Firm:	Commonwealth Reporting	Estimated Add'l Days:		
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">JAN 24 2006</div> <div style="font-size: 0.8em; font-weight: bold;">PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU</div>		RECORD CLOSED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		DATE:	2-16-06	
		Briefs to be Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Bench Decision:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		REMARKS:		

PLEASE PRINT CLEARLY - Incomplete Information may result in delay of processing.

Name and Telephone Number	Address	Who are you representing?						
Hubert Font	SCI-Albion, 10745 Route 18, Unit D-B-17	Complainant						
Telephone: 814-756-5778	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; font-size: 0.8em;">City</td> <td style="text-align: center; font-size: 0.8em;">State</td> <td style="text-align: center; font-size: 0.8em;">Zip</td> </tr> <tr> <td style="border: 1px solid black;">Albion</td> <td style="border: 1px solid black;">PA</td> <td style="border: 1px solid black;">16475--0002</td> </tr> </table>	City	State	Zip	Albion	PA	16475--0002	
City	State	Zip						
Albion	PA	16475--0002						
E-mail Address:		Fax Number:						
William E. Lehman, Esq.	100 North 10 th Street, P.O. Box 1778	Respondent						
Telephone: 717-236-1300	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; font-size: 0.8em;">City</td> <td style="text-align: center; font-size: 0.8em;">State</td> <td style="text-align: center; font-size: 0.8em;">Zip</td> </tr> <tr> <td style="border: 1px solid black;">Harrisburg</td> <td style="border: 1px solid black;">PA</td> <td style="border: 1px solid black;">17105-1778</td> </tr> </table>	City	State	Zip	Harrisburg	PA	17105-1778	
City	State	Zip						
Harrisburg	PA	17105-1778						
E-mail Address:		Fax Number:						
<i>W.</i> Bruce Kazee, Esq.	P.O. Box 152092	Respondent						
Telephone: 972-718-6969	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; font-size: 0.8em;">City</td> <td style="text-align: center; font-size: 0.8em;">State</td> <td style="text-align: center; font-size: 0.8em;">Zip</td> </tr> <tr> <td style="border: 1px solid black;">Irving</td> <td style="border: 1px solid black;">TX</td> <td style="border: 1px solid black;">75038</td> </tr> </table>	City	State	Zip	Irving	TX	75038	
City	State	Zip						
Irving	TX	75038						
E-mail Address:		Fax Number:						

Check this box if additional parties or attendees appear on back of form.

1/23/06
elp.

Cathy R. Muel

Reporter's Signature

Note: Completion of this form does not constitute an entry of appearance, see 52 Pa. Code §§1.24 and 1.25.

Name and Telephone Number	Address			Who are you representing?
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
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	City	State	Zip	
Telephone:	E-mail Address:			Fax Number:
	City	State	Zip	
Telephone:	E-mail Address:			Fax Number: