

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20054920		YES	NO
		Prehearing Held:	<input type="checkbox"/>	<input type="checkbox"/>
Case Name:	Anita Willem v. PECO Energy Company	Hearing Held:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Testimony Taken:	<input type="checkbox"/>	<input type="checkbox"/>
		Transcript Due:	<input type="checkbox"/>	<input type="checkbox"/>
		Hearing Concluded:	<input type="checkbox"/>	<input type="checkbox"/>
Location:	Philadelphia, PA	Further Hearing Needed:	<input type="checkbox"/>	<input type="checkbox"/>
		Estimated Add'l Days:		
Date:	January 19, 2006	RECORD CLOSED:	<input type="checkbox"/>	<input type="checkbox"/>
ALJ:	Marlane R. Chestnut	DATE:		
		Briefs to be Filed:	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Firm:	Sargents Court Reporting	DATE:		
		Bench Decision:	<input type="checkbox"/>	<input type="checkbox"/>
		REMARKS:	<p style="font-size: 1.2em; margin: 0;"><i>Hearing cancelled - Case dismissed per ID dated 1/19/06</i></p>	

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FOLDER

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FEB - 6 2006
 PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU
 PLEASE PRINT CLEARLY - Incomplete information may result in delay of processing.

Name and Telephone Number	Address	Who are you representing?
<div style="font-size: 2em; font-weight: bold; margin: 0;">DOCKETED</div> <div style="font-weight: bold; margin: 5px 0;">FEB 24 2006</div>	City	State
	City	State
	City	State
Telephone:	E-mail Address:	Fax Number:
Telephone:	E-mail Address:	Fax Number:
Telephone:	E-mail Address:	Fax Number:

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

2/2/06 *elp.*

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	
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	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: