

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	C-20054978	Prehearing Held:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Case Name:	Michael LeClaire v. PECO Energy	Hearing Held:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company		Testimony Taken:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location:	Philadelphia, PA	Hearing Concluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date:	November 8, 2005	Further Hearing Needed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALJ:	Marlane R. Chestnut	Estimated Add'l Days:				
Reporting Firm:	Commonwealth Reporting	RECORD CLOSED:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DATE:				
		Briefs to be Filed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DATE:				
		Bench Decision:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		REMARKS:	Record to close when on 12/15/05			

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

Name and Telephone Number	Address	Who are you representing?
Lisa Lutz, Esq. Telephone: 215-841-6841	2301 Market Street City: Philadelphia PA 19101 E-mail Address: lisa.lutz@exeloncorp.com	PECO Energy Fax Number: 215-568-3389
Michael LeClaire Telephone: 610-469-2514	30 Highgate Circh City: Spring City PA 19475 E-mail Address: leclairm@comcast.net	Fax Number: 610-644-8181

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

11/29/05
elpj.

Pamela Fry
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?
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	
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	City	State	Zip	