

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

Deree J. Norman
5367 Thomas Ave
Philadelphia, PA 19143

Petitioner

Vs.

PHILADELPHIA GAS WORKS
4th Floor
800 W Montgomery Ave
Philadelphia, PA 19122

Respondent

C-2015-2489503

**PETITION TO PROCEED IN FORMA PAUPERIS
TO THE HONORABLE JUDGES OF SAID COMMISSION:**

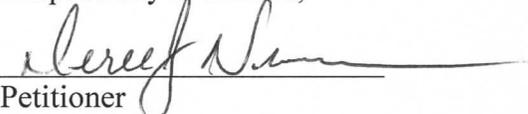
The Petition of Deree J. Norman respectfully represents:

1. Petitioner, Deree J. Norman, is the Petitioner in the above captioned action.
2. Petitioner's social security number is: available upon request
3. Petitioner's address is 5367 Thomas Ave, Philadelphia, PA 19143.
4. Petitioner's income and expense information is fully and accurately set forth in the appended Verified Statement.
5. Petitioner is unable to pay any of the necessary costs, or give security for the fees, costs and expenses necessary to pursue said action without substantially impairing his/her ability to provide the necessities of life for him/herself and his/her dependents.

WHEREFORE, Petitioner respectfully requests this Honorable Court to enter an Order granting Petitioner leave to proceed in this action as an indigent party and to proceed to termination thereof without the necessity of paying any costs therefore.

December 7, 2015

Respectfully submitted,


Petitioner

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VERIFIED STATEMENT

I Deree J. Norman, state under the penalties provided by 18 Pa.C.S. 4904 that:

1. I am the Pro Se Petitioner in the above action and because of my financial condition I am unable to pay the following fees and costs: appellate filing fees, costs of reproducing records or briefs, or filing of Supersedeas security if irreparable harm would result if not waived.

2. My responses to the questions below relating to my ability to pay the fees and costs of prosecuting an appeal are true and correct.

(a) I have not had full employment since November 2006 where my monthly salary was \$5,470.00 nor have I had partial employment since July 2008 where I worked on commission and my annual income was less than \$3,000.00.

(b) I am currently receiving disability benefits in the amount of \$1,515.00 per month after Medicare insurance deduction.

(c) I do not have supplemental medical coverage due to the monthly cost of \$294.00 per month associated with that coverage.

(d) My disability income is direct deposited into a savings account, of which I to maintain a balance of approximately \$50.00 to \$100.00 from month to month after expenses. I have no other bank accounts or financial accounts.

(e) I do not own a house, car or any other type of property.

(f) I do not have any dependents.

(g) My monthly debts and obligations are as follows.

1. Food	.....	\$300.00	
2. Pet Food (service dog)	.....	\$ 50.00	
3. Housing:	.....	\$550.00	
4. Prescription/Med	.....	\$125.00	
5. Gas:	.....	\$ 42.00	(In litigation)
6. Electric	.....	\$125.00	(In litigation)
7. Water (current)	.....	\$ 35.00	
8. Water (arrears)	.....	\$ 75.00	(\$1,664.88 Over Due)
9. Phone	.....	\$ 50.00	
10. Transportation	.....	\$ 54.00	(30 Septa tokens per Mo.)
11. Miscellaneous	.....	\$ 65.00	

3. I understand that a false statement or answer to any question in this verified statement will subject me to the penalties provided by law.

Date: December 7, 2015

By: /s/ Deree J. Norman
Deree J. Norman
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Philadelphia, Pa 19143
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dereenorman@yahoo.com