

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Mary Lisa Gara :
 : Z-01630646
 v. :
 :
 PECO Energy Company :

PREHEARING ORDER

An Initial Telephonic Hearing in this case is scheduled for Wednesday, February 16, 2005 at 10:00 a.m. Accordingly, the parties are hereby directed to comply with the following requirements:

1. Commission policy promotes settlements. 52 Pa. Code §5.231(a). You are urged to contact each other at least one week before the scheduled hearing to talk over a possible settlement of this case. Even if you are unable to settle this case, you may still resolve many questions or issues during your talks. If an agreement is reached, a formal hearing will not be necessary and the scheduled hearing will be cancelled.

2. The customer is required to make regular monthly payments towards their utility bill while their complaint is pending. **FAILURE TO MAKE REGULAR PAYMENTS MAY RESULT IN AN ORDER REQUIRING A CATCH UP PAYMENT EQUAL TO THE AMOUNT OF THE PAYMENTS THAT SHOULD HAVE BEEN MADE.**

3. If you intend to present any documents or exhibits for my consideration, you must send one copy to the other party and three (3) copies to me one week before the hearing. Proposed exhibits should be properly pre-marked for identification purposes.

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4. If the Commission's Bureau of Consumer Services (BCS) has directed the customer to make payments and those payments have not been made, the customer must be prepared to explain at the hearing why those payments have not been made.

5. **If you will be at a telephone number that is different than the number on the hearing notice, you must notify me of that telephone number at least one week before the hearing.**

6. The customer has the burden of proving that the utility violated Pennsylvania public utility law.

7. At the hearing, the customer must be prepared to testify about the total net monthly income of all people living in your home. This includes the following:

- (a) the "after taxes take-home-pay" from salaries, wages, tips or other compensation;
- (b) pension, retirement or social security benefits;
- (c) Supplemental Security Income (SSI);
- (d) unemployment compensation benefits;
- (e) workers' compensation benefits;
- (f) alimony;
- (g) support;
- (h) public assistance; and
- (i) any other source(s) of income.

8. If the customer or any member of the customer's household is receiving food stamps and/or medical assistance, the customer must be prepared to testify or document the amount of food stamps or the nature of the medical assistance received.

9. At the hearing, the customer must be prepared to testify about the total monthly expenses of your home, which includes:

- (a) rent or mortgage payments;
- (b) utility bills (including electric, gas, telephone, water, sewer, cable television, etc.);
- (c) food, in addition to any food stamp benefits;
- (d) clothing;
- (e) automobile (loan payments, gasoline, maintenance, etc.);
- (f) transportation (bus, taxicabs, jitneys, etc.);
- (g) insurance premiums (homeowners' or renters' insurance, automobile insurance, life insurance, medical insurance, etc.);
- (h) medical bills, (doctors, dentists, hospitals, prescriptions, etc.);
- (i) credit card and charge account payments;
- (j) loan payments; and
- (k) miscellaneous expenses.

When testifying to these expenses, the customer should be prepared to give balances due and missed payments for each item.

10. TO ASSIST THE CUSTOMER IN PROVIDING THE INCOME AND EXPENSE INFORMATION REQUIRED BY THIS ORDER, THREE (3) COPIES OF A BUDGET INFORMATION FORM ARE ENCLOSED. THE CUSTOMER MUST FILL OUT THIS FORM, RETURN ONE (1) COMPLETED COPY TO ME, AND SEND ONE (1) COMPLETED COPY TO THE ATTORNEY FOR THE UTILITY AT LEAST ONE WEEK BEFORE THE HEARING. YOU SHOULD KEEP ONE (1) COMPLETED COPY AND THIS ORDER FOR YOU TO USE DURING THE HEARING.

11. The utility must prepare and submit the following documents at least one week before the hearing:

- (a) an account statement, showing the history of the account for a minimum of 24 months or the entire history of the account, whichever is less;
- (b) a copy of the most recent BCS decision, if any

(c) a service usage comparison report for the same period as the account statement; and

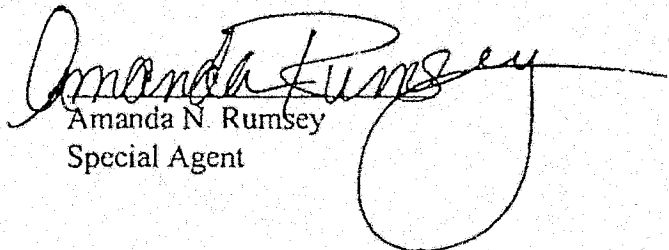
(d) a brief summary of any payment arrangement(s) made between the utility and the customer other than determinations of the BCS or the Commission.

12. Pursuant to 52 Pa. Code §§1.21 & 1.22, you may represent yourself, if you are an individual, or you may have an attorney licensed to practice law in the Commonwealth of Pennsylvania, or admitted *Pro Hac Vice*, represent you. However, if you are a partnership, corporation, trust, association, or governmental agency or subdivision, you must have an attorney licensed to practice law in the Commonwealth of Pennsylvania, or admitted *Pro Hac Vice*, represent you in this proceeding. Unless you are an attorney, you may not represent someone else. Attorneys shall insure that their appearance is entered in accordance with the provisions of 52 Pa.Code §1.24(b).

13. A request for a change of the scheduled hearing date must state the agreement or opposition of other parties, and must be submitted in writing no later than five (5) business days prior to the hearing. 52 Pa. Code §1.15(b). Requests for changes of hearing dates must be sent to me and all parties of record. The correct address is: Special Agent Amanda N. Rumsey, P.O. Box 3265, Harrisburg, PA 17105-3265. **Changes are granted only in rare situations where good cause exists.**

14. Although the hearing is being conducted telephonically for the convenience of the parties, it is still a formal hearing and will be conducted in accordance with the Commission's Rules of Practice and Procedure.

Date: December 6, 2004


Amanda N. Rumsey
Special Agent

MONTHLY BUDGET INFORMATION

Customer's Name: Mary Lisa Gara

Date: December 7, 2004

Name of Utility: PECO Energy Company

P.U.C. Docket No.: Z-01630646

Hearing Date: Wednesday, February 16, 2005 @ 10:00 a.m.

Special Agent: Amanda Rumsey

Monthly Household Income

Amount

(Include net income from all persons living in your home.)

Salaries, wages & tips

\$ _____

Public assistance

Social security or SSI

Alimony

Child support

Pension

Retirement benefits

Unemployment compensation

Workers' compensation

Food stamps

Other income (List source & amount):

Total:

\$ _____

(IMPORTANT: COMPLETE EXPENSE INFORMATION ON NEXT PAGE.)

Monthly Household Expenses

Amount

Balance

Owed

Rent/mortgage

\$ _____

\$ _____

Electric

Gas

Telephone

Water

Sewage

Trash pickup

Cable television

Food (Other than food stamps)

Clothing

Automobile:

 Loan payment

 Gasoline

 Repairs & maintenance

 Car insurance

Other transportation:

 Bus

 Taxicabs

 Jitneys

Insurance premiums:

 Renters'/homeowners' insurance

 Life insurance

 Medical insurance

Medical bills:

 Doctors

 Dentists

 Hospitals

 Prescriptions

List credit cards & charge accounts:

List loan payments:

List other expenses:

Total:

\$ _____

\$ _____

Chapter 56 Hearing Report

Please Check Those Blocks Which Apply

Docket No:	Z-01630646		YES	NO
		Prehearing Held:	<input type="checkbox"/>	<input type="checkbox"/>
Case Name:	Mary Lisa Gara v. PECO Energy Company	Hearing Held:	<input type="checkbox"/>	<input type="checkbox"/>
		Testimony Taped:	<input type="checkbox"/>	<input type="checkbox"/>
		Transcript Due:	<input type="checkbox"/>	<input type="checkbox"/>
		Hearing Concluded:	<input type="checkbox"/>	<input type="checkbox"/>
Location:	Harrisburg	Further Hearing Needed:	<input type="checkbox"/>	<input type="checkbox"/>
		Estimated Add'l Days:		
Date:	Wednesday, February 16, 2005	RECORD CLOSED:	<input type="checkbox"/>	<input type="checkbox"/>
Special Agent:	SA Amanda N. Rumsey	DATE:		
		Briefs to be Filed:	<input type="checkbox"/>	<input type="checkbox"/>
		DATE:		
		Bench Decision:	<input type="checkbox"/>	<input type="checkbox"/>
		REMARKS:	<p style="margin: 0;"><i>Complainant withdrew complaint on the record.</i></p>	

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

Name and Telephone Number	Address	Who are you representing?			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> </table>	City	State	Zip	
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City	State	Zip			
Telephone:	E-mail Address:	Fax Number:			

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

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