

DOCKET NO.: C-20016324  
RESPONDENT OR APPLICANT: DUQUESNE LIGHT COMPANY  
PARTY OR COMPLAINANT: KYLES GAYLE

ENTRY TYPE	DATE	BUREAU	PERSONNEL
1 N	10/15/01	SEC	IMES
FORMAL COMPLAINT OF GAYLE KYLES V. DUQUESNE LIGHT COMPANY			
2 N	10/25/01	SEC	IMES
NOTICE OF COMPLAINT SERVED ON RESPONDENT TO ANSWER IN 20 DAYS			
3 N	11/19/01	SEC	FRISCIA
RESPONDENT FILED ANSWER & NEW MATTER TO COMPLAINT W/CERTIFICATE OF SERVICE			
4 H	03/04/02	ALJ	NEMEC
INITIAL TELEPHONIC HEARING, 10:00 A.M.			
5 N	01/31/02	SEC	FRISCIA
ALJ NEMEC WILL BE PRESIDING AS AUTHORIZED BY CHAPTER 56.174			
6 N	02/08/02	SEC	FRISCIA
ALJ NEMEC PREHRG ORDER ISSUED-COMPLY W/CERTAIN RQMTS BEFORE 3/4/02 TEL HEARING			
7 N	02/08/02	SEC	FRISCIA
ALJ NEMEC INTERIM ORDER SETTING PAYMENT SCHEDULE UNTIL FINAL ORDER ISSUED			
8 N	03/04/02	SEC	FRISCIA
ALJ NEMEC FILED RESPONDENT'S EXHIBITS 1 & 4			
9 N	03/13/02	SEC	FRISCIA
SPECIAL AGENT NEMEC FILED REPORT OF HEARING 3/4/02			
10 N	03/14/02	SEC	FRISCIA
ALJ NEMEC'S INITIAL DECISION SERVED TO PARTIES			
11 N	04/03/02	COR	FRISCIA
EXCEPTIONS TO BE FILED			
12 N	04/15/02	COR	FRISCIA
REPLY EXCEPTIONS TO BE FILED			
13 N	04/01/02	SEC	FRISCIA
COMMISSIONERS FILED REVIEW FORMS-NO REVIEW REQUESTED			
14 N	04/09/02	SEC	FRISCIA
SEC MEMO TO ALJ-NEITHER EXCEPTIONS NOR REQUESTS FOR REVIEW HAVE BEEN RECEIVED			
15 N	04/19/02	SEC	FRISCIA
ORDER ADOPTED 4/19/02 ISSUED (SEE DOCS 323452 FOR CONTENTS OF ORDER)			

1. REPORT DATE: 00/00/00 :  
 2. BUREAU: ALJ :  
 3. SECTION(S): : 4. PUBLIC MEETING DATE:  
 5. APPROVED BY: : 00/00/00  
 DIRECTOR: :  
 SUPERVISOR: :  
 6. PERSON IN CHARGE: : 7. DATE FILED: 10/15/01  
 8. DOCKET NO: C-20016324 : 9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT: KYLES GAYLE

RESPONDENT/APPLICANT: DUQUESNE LIGHT COMPANY

COMP/APP COUNTY: ALLEGHENY

UTILITY CODE: 110150

ALLEGATION OR SUBJECT

COMPLAINANT STATES SHE IS A SINGLE MOTHER AND ONLY BRINGS HOME \$141.00 EVERY TWO WEEKS. SHE WOULD LIKE HELP WITH A PAYMENT PLAN.

DOCUMENT  
FOLDER

**DOCKETED**  
OCT 25 2000

C-20016324

FORMAL COMPLAINT FORM  
Pennsylvania Public Utility Commission

10/16/01

Please Print:

ST 0956218

1. Your Name, Mailing Address and Telephone Number.

Equitable

Name Gayle Kyles

Street/P.O. Box 2342 Colorado Way #

City Pgh State Pa Zip 15212

County Allegheny Home Telephone-Area Code 412 2310778  
Work Telephone-Area Code ( ) \_\_\_\_\_

2. Name of Company your complaint concerns: Equitable Gas

3. What is your complaint? illuene light.

I can not afford these  
budget single mom. only 141.00  
every two weeks. send in impo.  
by the team plain. The you  
should have had able to work  
for month No order please  
help. please. I cant do it. But  
because I am responsible.

pleas.

(If you need more space, use additional paper and attach to this form).

(-over-)

132

4. What do you want the Public Utility Commission to do about your complaint?

To help me figure out away and  
payment I can afford and out side  
help I will Budget the utilities  
the (Very Very) Best I can  
promise.

(If you need more space, use additional paper and attach to this form.)

5. You must sign and date your complaint below.

The information I have placed on this form is true and correct to the best of my knowledge. I understand that I could be punished under Pennsylvania State Law if I purposely give false information.

Maule Kyles  
Original Signature of complaining person

10/11/01  
Date

6. If you are represented by a lawyer you must provide your lawyer's name, address and telephone number.

Lawyer's Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number-Area Code ( ) \_\_\_\_\_

# DRUG AND ALCOHOL TREATMENT INFORMATION FORM

CASE IDENTIFICATION			
CO	DIST	RECORD #	DATE
02	3	549212	7/12/01

NAME OF CLIENT <del>GAYLE</del> <b>KYLES</b>		LAST <b>KYLES</b>		FIRST <b>GAYLE</b>		M.I.		SOCIAL SECURITY NUMBER <b>190-50-9630</b>	
STREET NAME # <b>2343</b>		CITY <b>PORT</b>		STATE <b>PA</b>		ZIP CODE <b>15212</b>		TELEPHONE NO. <b>(412) 231-0778</b>	
APRT. #		APT. #		APT. #		APT. #		APT. #	

TREATMENT CENTER NAME AND ADDRESS:  
**ZOAR NEWDAY**  
**801 UNION PL 4TH FLOOR**  
**PITTSBURGH PA 15212**

REFERRAL

This person is being referred for evaluation of a possible alcohol or drug abuse problem and possible entry into a treatment program. The clinic evaluation will assist the CAO in determining this person's eligibility for assistance. Please provide information below or on the reverse as requested. If necessary, copy for your records and return the original copy to the presenter, or mail to:

CAO ADDRESS: \_\_\_\_\_

A. Bright  
IMCW NAME

I hereby authorize and request disclosure of information by my drug/alcohol treatment center to the County Assistance Office verifying that I am currently undergoing treatment for drug/alcohol abuse, the name and address of the drug/alcohol treatment program, the estimated length of the treatment, the type of treatment, whether the treatment program precludes me from any form of employment, and any related employability and treatment information requested on this form. I understand that the information obtained will be used only for purposes directly related to my eligibility for assistance for up to a lifetime limit of nine months. I also understand that this authorization can be revoked by me at any time except to the extent it has been acted upon, but will otherwise expire nine months after the date of my signature or on \_\_\_\_\_ if sooner than nine months.

Hayle Kyles  
APPLICANT/RECIPIENT SIGNATURE

7/13/01  
DATE

Program Director  
WITNESS SIGNATURE

7/13/01  
DATE

Program Director  
TITLE

62 P.S. §432(3)(i)(C) and (E) and 55 Pa. Code §141.61(d)(1)(v) require that as a condition of eligibility for assistance, this person must keep any scheduled appointment and accept whatever approved treatment is prescribed for him/her if an evaluation substantiates that he/she has an alcohol or drug abuse problem, and his/her treatment program precludes any form of employment.

PROVIDER RESPONSE TO REFERRAL

SLOT AVAILABLE. START DATE 7/6/01 ESTIMATED LENGTH OF TREATMENT PERIOD 6 months

OUTPATIENT/INTENSIVE OUTPATIENT\*  PARTIAL HOSPITALIZATION  RESIDENTIAL/HALFWAY HOUSE

TREATMENT SCHEDULE Mon-Fri 9:30-2:30

DOES THE TREATMENT SCHEDULE PRECLUDE THE CLIENT FROM WORKING?  YES  NO

IF YES, WHY? instability in early recovery IF YES, WHEN WILL HE/SHE BE ABLE TO WORK? 12/01

\*SCA SIGNOFF REQUIRED IF TREATMENT SCHEDULE REFLECTS 10 HOURS OR LESS PER WEEK BUT PRECLUDES EMPLOYMENT.

SLOT UNAVAILABLE DATE FIRST SLOT AVAILABLE \_\_\_\_\_  CLIENT DID NOT KEEP APPOINTMENT.

CQCASE

CIS CASE INQUIRY  
Operator: BRIGHT

09/05/01 15:14:18

Worker: 07433 Page 1

Co Record Dist Status Csld  
02 0549212 3 OPEN 3027

Beg: 05/21/01  
End: 00/00/00  
Chg: 05/22/01

Pymt Name: GAYLE KYLES

V Ln SSN Lang Indiv # V  
W 01 190-50-9630 1 001549884 3  
Cde:  
D Housing Assistance?3

Addr: 2342 COLORADO ST

City: PGH

St: PA

ZIP: 15212-0000

Purge Prevent Code:

Sch Dist: 02745 Civil Sub: 261 Phone: 412-231-0778

..... Associated Budgets .....

Sel	Cat	GG	Pgm	Ctl	Status	MR	Pymt Name	Alt	Adr	Open	Close
-	FS		00	6	OPEN	6	GAYLE KYLES	N		05/21/01	
-	C		00	0	OPEN	6	GAYLE KYLES	N		05/21/01	
-	PC		71	0	CLOSED	A	GAYLE KYLES	N		03/19/01	06/03/01

F14 for Case Members Inquiry

Next Trans: \_\_\_\_\_

Parameters: \_\_\_\_\_

Xmit: \_\_\_\_\_

*Ms Bright*  
*565-5642*

CQCTRN

CIS CASH MEDICAL ASSISTANCE TRANSCRIPT

09/05/01 15:15:24

Operator: BRIGHT

Worker: 04610

Page: 1

Co Record Cat GG Ctl

Requested Dates: From

Thru

02 0549212 C

0

03/01/01

09/30/01

Typ	Ben Dt	Amt	Ben Nbr	Div	OTI Reasons	From	Thru	Recoup	Dsp
3	03/02/01	81.50	24315805	EBT		03/02/01	03/18/01	0.00	
7	03/02/01	50.00	24516534	EBT	510 SUPPORT	02/01/01	02/25/01	0.00	
2	03/03/01	262.00	24573874	EBT	239 239 (DAYCARE)	02/01/01	02/28/01	0.00	
7	04/03/01	35.96	25149423	EBT	510 SUPPORT	03/01/01	03/18/01	0.00	
2	05/23/01	116.80	26115539	EBT	109	05/21/01	06/03/01	0.00	
3	06/04/01	158.00	26199914	EBT		06/04/01	06/17/01	0.00	
3	06/18/01	158.00	26617193	EBT		06/18/01	07/02/01	0.00	
3	07/03/01	143.00	26823552	EBT		07/03/01	07/17/01	15.00	
3	07/18/01	143.00	27237575	EBT		07/18/01	08/01/01	15.00	
3	08/02/01	143.00	27448521	EBT		08/02/01	08/15/01	15.00	
3	08/16/01	143.00	27860655	EBT		08/16/01	09/03/01	15.00	
3	09/04/01	143.00	28073713	EBT		09/04/01	09/17/01	15.00	

Page Total: 1491.30      Page Adj: 0.00      Page Net: 1491.30  
 Cumul Total: 1491.30      Cumul Adj: 0.00      Cumul Net: 1491.30

Next Trans: \_\_\_\_\_ Parameters: \_\_\_\_\_ Xmit: \_

CQBMEM

CIS BUDGET MEMBERS INQUIRY

09/05/01 15:14:48

Operator: BRIGHT Worker: 07433 Page 1

Budget Status Co Record Cat GG Ctl Pgm Dist Cslid Beg: 05/21/01  
OPEN 02 0549212 FS 6 00 3 3027 End: 00/00/00  
Pymt Name: GAYLE KYLES Chg: 05/22/01

Sel	LN	Short Name	DOB	S	R	Rel	SSN	Elg	Sta	Dte	TPL	LK
-	01	GAYLE KYL	42 05/01/59	F	1	X	190509630	EB	05/21/01	N		
-	07	GERAL THO	8 08/09/93	M	1	S	189743024	EM	05/21/01	N		

Next Trans: \_\_\_\_\_ Parameters: \_\_\_\_\_ Xmit: \_\_\_\_\_

Current Stat: OPEN Operator: BRIGHT Worker: 88888 Page 1  
Co Record Cat Pgm Dist Pymt Name Cslid Beg: 10/02/01  
02 0549212 FS 00 3 GAYLE KYLES 3027 End: 00/00/00  
Chg: 08/31/01

Earned Income \$ 0.00 Eligible Persons 02  
Other PA Income \$ 0.00 Code 00 00 00 1st Recur  
Public Assistance \$ 316.00 07/01/01  
Support Pass Thru \$ 0.00  
Other Unearned \$ 0.00 Code 00 00 00  
Medical \$ 0.00 S/M N  
Dep Care \$ 0.00  
Utility Costs \$ 120.00 Std Type H  
Shelter (incl Util) \$ 292.00  
Spt Pmt-Non HH Mbrs \$ 0.00  
Net Monthly Income \$ 0.00

Override Amount \$ 0.00 Override Code  
Pre Recoup Amount \$ 238.00 Recoup Code Begin  
Sel DD Bank ID 555555

Next Trans: \_\_\_\_\_ Parameters: \_\_\_\_\_ Xmit: \_\_\_\_\_

9/10/01  
To Whom it may concern  
I Gayle Kyle can not  
afford to pay this budget  
As there anyway we  
can work this out  
I know I am responsible  
for this bill I will pay  
what I can but I can  
not afford this

Thank  
you  
Gayle Kyle  
412 231 0728

I am, not allow to work  
till after. Help  
please help  
me

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P O BOX 3265, HARRISBURG PA 17105-3265

DATE SERVED: OCTOBER 25, 2001

C-20016324

DUQUESNE LIGHT CO  
JOHN MARSHALL PRESIDENT  
411 7TH AVENUE  
PITTSBURGH PA 15219-1905

DOCUMENT  
FOLDER

Dear Sir/Madam:

A complaint has been filed against you before the Pennsylvania Public Utility Commission by GAYLE KYLES. To defend yourself against the claims stated in the following pages, you must act within twenty (20) days by filing in writing with the Commission, either personally or through your attorney, your defenses or objections to the claims stated against you. Or, you may satisfy the complaint by settling the matter with the Complainant and submitting proof of settlement to the Commission within twenty (20) days.

IF YOU FAIL TO RESPOND WITHIN TWENTY (20) DAYS, THE CASE MAY GO FORWARD IN YOUR ABSENCE AND A JUDGEMENT MAY BE ENTERED AGAINST YOU BY THE COMMISSION WITHOUT FURTHER NOTICE.

CUSTOMER OF A UTILITY

A payment schedule may be prescribed or a termination of utility services may be authorized. You may lose money or property or other rights important to you.

COMPANY/UTILITY

An Administrative Law Judge may revoke or suspend any certificate or permit held by you, or impose a fine, or any other appropriate penalty or remedy authorized by the Public Utility Code. You may lose money or property or other rights important to you.

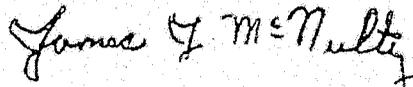
OCTOBER 25, 2001

Detailed instructions on how to proceed are contained in the attached pages. You are advised to read them carefully.

Unless you are a corporation or other organization, you may proceed without a lawyer. However, if you want a lawyer and do not have one or cannot afford one, the office listed below can tell you where you can get legal help:

Pennsylvania Lawyer Referral Service  
Pennsylvania Bar Association  
P.O. Box 186  
Harrisburg, PA 17108  
(800) 692-7375

Very truly yours,

A handwritten signature in cursive script that reads "James J. McNulty".

James J. McNulty  
Secretary

DDI

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: OCTOBER 25, 2001

GAYLE KYLES  
Complainant

DOCUMENT  
FOLDER

VS.

DUQUESNE LIGHT COMPANY  
Respondent

Complaint Docket  
No: C-20016324

FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

**DOCKETED**

OCT 25 2001

TO: DUQUESNE LIGHT COMPANY

**TAKE NOTICE:**

That a complaint in the above entitled matter, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. Section 702 of the Public Utility Code, 66 Pa. C.S. Section 702, requires the Commission to serve on each party named in a complaint a copy of the complaint and notice calling upon each party to satisfy the complaint, or to answer the same in writing within a specified time; THEREFORE,

1. You have twenty (20) days from the date on which this complaint is served to either satisfy this complaint or to file with the Secretary of the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17120, an answer (original and two copies), in writing, under oath, which, as required by Section 5.61 of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 5.61, either affirms or specifically denies the allegations in this complaint. You must also serve a copy of the answer upon the complainant. The date of service is the mailing date as indicated by the date at the top of this Notice. Section 1.56(a) of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 1.56(a).

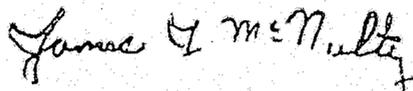
2. If you fail to either satisfy this complaint or to file answer or other responsive pleading within twenty (20) days, you will be deemed to have admitted all the allegations in this complaint in accordance with Section 5.61 of the Commission's Rules of Administrative Practice and Procedure, 52 Pa. Code Section 5.61. In that event, the Commission may, without hearing, enter an order which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C.S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes

a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

3. If you elect to satisfy this complaint you must file, within twenty (20) days from the date on which this complaint is served, affidavits executed by each complainant that this complaint has been satisfied. Such affidavits must describe the basis on which this complaint was satisfied; any settlement agreement between the parties must be reduced to writing and attached to the affidavit. Such affidavits are to be filed with the Secretary of the Commission at the address set forth in paragraph 1. Upon receipt of affidavits of satisfaction from all complainants, this complaint may be dismissed by the Commission in accordance with Section 703(a) of the Public Utility Code, 66 Pa. C.S. Section 703(a), unless the Commission determines that such dismissal would be contrary to the public interest, in which event the Commission may direct that hearings be held upon the complaint.

4. If you file an answer which admits the allegations in this complaint, or which fails to specifically deny the allegations in this complaint, the Commission may, without hearing, enter an order which either revokes or suspends any certificate held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

5. If you file a timely answer which specifically denies the allegations in this complaint, or which raises material questions of law or fact, this matter shall be referred to the Office of Administrative Law Judge for hearing and decision. If, after hearing on the issues raised by that answer, you are found to have committed any of the violations alleged in the complaint, the Administrative Law Judge may render a decision which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. In the imposition of a penalty after a hearing the Administrative Law Judge is not bound by the relief sought by the complainant in paragraph 4 of the attached complaint.



James J. McNulty  
Secretary

(SEAL)

Certified Mail  
Return Receipt Requested



Cherrington Corporate Center  
Mail Drop C-4-4-3  
400 Fairway Drive  
Moon Township, PA 15108

Phone: (412) 393-1546  
FAX (412) 393-1418

Legal Services

ORIGINAL

DOCUMENT  
FOLDER

November 19, 2001

RECEIVED

Certificate of Mailing

James J. McNulty, Secretary  
Pennsylvania Public Utility Commission  
P O. Box 3265  
Harrisburg, PA 17105-3265

NOV 19 2001  
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

RE Gayle Kyles v Duquesne Light Company  
Docket No C-20016324

Dear Secretary McNulty:

Enclosed for filing in the above-referenced matter are an original and three copies of Duquesne Light Company's Answer and New Matter. A copy of this document has been served upon the Complainant and Complainant's counsel in accordance with Commission regulations

Sincerely,

Regina M. Sestak  
Attorney for  
Duquesne Light Company

encs

c Gayle Kyles (w/enclosure)

KJR

150

ORIGINAL

RECEIVED

NOV 19 2001

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Before the  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

GAYLE KYLES,	)	
	)	
Complainant,	)	
	)	
v	)	Docket No. C-20016324
	)	
DUQUESNE LIGHT COMPANY,	)	
	)	
Respondent	)	

---

ANSWER AND NEW MATTER

---

TO THE HONORABLE COMMISSION:

AND NOW comes the Respondent, Duquesne Light Company, by and through its attorney, Regina M. Sestak, and files the within Answer and New Matter of which the following is a statement

Answer

NOV 21 2001

DOCUMENT  
FOLDER

1 Admitted.

2 Admitted. However, by way of further response, Complainant has listed both Respondent and Equitable Gas in this paragraph. It is Respondent's understanding that the Commission has chosen to treat the complaint against Equitable Gas as a separate complaint docketed at No. Z-00956218. In addition, the correct spelling of Respondent's name is Duquesne Light Company.

3 Denied.

Complainant's averment "I can not afford these ~~budget~~," is a statement of opinion to which no response is required

After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the truth of Complainant's averments "single mother" and "only 141.00 every two weeks," and these averments are therefore denied

After reasonable investigation, Respondent is unable to determine the meaning of Complainant's averments "[s]end in info by Doc. treat plain," and "[t]ho you should have," and these averments are therefore denied

After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the truth of Complainant's averment, "not able to work for month. Doc Order," and this averment is therefore denied.

To the extent that this paragraph contains requests for relief, no response is required.

Complainant's averment "I can't do it But realize I am responsible." is a statement of opinion to which no response is required

4. To the extent that this paragraph contains requests for relief, no response is required.

Complainant's averments that she will budget the utility bills the best she can and that she promises to do so, are statements of intention to which no response is required.

Attached to the Complaint are photocopies of six documents which will be addressed as follows:

Attachment 1: Attached is a photocopy of a form titled "DRUG AND ALCOHOL TREATMENT INFORMATION FORM." After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the authenticity of said form and its authenticity is therefore denied.

Attachment 2: Attached is a photocopy of what appears to be a computer printout titled "CIS CASE INQUIRY," which contains the handwritten notations "Ms. Bright" and "565-5642." After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the authenticity of said computer printout, and its authenticity is therefore denied. After reasonable investigation, Respondent is without sufficient knowledge or information to determine the truth of said handwritten notations and said handwritten notations are therefore denied.

Attachment 3: Attached is a photocopy of what appears to be a computer printout titled "CIS CASH MEDICAL ASSISTANCE TRANSCRIPT," which contains the handwritten notation "(SUPPORT)" written twice and the handwritten notation "(DAYCARE)" written once. After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the authenticity of said computer printout, and its authenticity is therefore denied. After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the truth of said handwritten notations and said handwritten notations are therefore denied.

Attachment 4 Attached is a photocopy of what appears to be a computer printout titled "CIS BUDGET MEMBERS INQUIRY." After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the authenticity of said computer printout, and its authenticity is therefore denied

Attachment 5 Attached is a photocopy of what appears to be a computer printout titled "CIS FOOD STAMP RECURRING BENEFIT INQUIRY." After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the authenticity of said computer printout, and its authenticity is therefore denied

Attachment 6 Attached is a photocopy of a handwritten letter signed by Complainant, which is dated September 10, 2001 and is addressed "To Whom it may concern." Respondent responds to the averments contained in said letter as follows:

Complainant's averment "I Gayle Kyles can not afford to pay this budget," is a statement of opinion to which no response is required.

Complainant's averment "[i]s there anyway we can work this out." is a query and/or request for relief to which no response is required. By way of further response, by letter dated November 12, 2001, Respondent provided information to Complainant concerning its Customer Assistance Program. A copy of said letter is attached hereto, incorporated herein, and marked Exhibit 1.

Complainant's averment that she knows she is responsible for the bill, is a statement of opinion to which no response is required.

Complainant's averment "I will pay what I can," is a statement of intention to which no response is required

Complainant's averment that she can't afford this, is a statement of opinion to which no response is required.

Complainant's averment "Thank You, Gayle" is a closure to the letter to which no response is required.

After reasonable investigation, Respondent is without sufficient knowledge or information to form a belief as to the truth of Complainant's averments "412-231-0778," and "I am not allow to work till after Dec " and these averments are therefore denied

Complainant's averment "[p]lease help me" is a request for relief to which no response is required.

WHEREFORE, Respondent requests that after reasonable investigation and hearing the Complaint be dismissed.

New Matter

5. Paragraphs one through four above are hereby incorporated by reference.

6. The Public Utility Commission (PUC) Bureau of Consumer Services (BCS) issued a decision at BCS Case Number 0956217 which required Complainant to pay a special budget amount of \$68.00 a month beginning November 23, 2001. Said special budget includes a regular budget amount of \$53.00 plus \$15.00 toward the account balance. The regular budget is an average based upon usage, which is recomputed monthly and is therefore subject

to change. A copy of the Decision Data Sheet is attached hereto, incorporated herein, and marked Exhibit 2.

7 Since the BCS decision went into effect, Respondent has not received any payments on the account in question.

WHEREFORE, Respondent requests that the Commission.

- 1) Issue an interim order, which directs Complainant to make payments as directed by said BCS decision pending further order on her complaint;
- 2) Authorize Respondent to terminate service to Complainant prior to hearing in the event that Complainant fails to make payments as directed by said BCS decision, and
- 3) Require Complainant to make a lump sum payment of the amount due and payable to Respondent pursuant to said BCS decision, which remains unpaid as of the date of the hearing or date of final order.

Respectfully submitted:

DUQUESNE LIGHT COMPANY  
By Counsel:



Regina M. Sestak

Pa 1 B # 23632

DQE, Inc.

Cherrington Corporate Center

Mail Drop C4-4-3

400 Fairway Drive

Moon Township, PA 15108

Telephone: (412) 393-1546



**Duquesne Light**  
A DQE Company

November 12, 2001

Ms. Gayle Kyles  
2342 Colorado Way  
Pittsburgh, PA 15212

Dear Ms. Kyles,

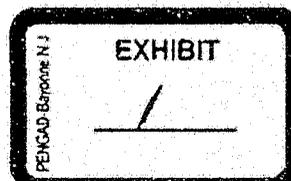
I have begun my investigation into the Formal Complaint that you have filed with the Pennsylvania Public Utility Commission. During my investigation, I noticed that you may qualify for participation into Duquesne Light Company's Customer Assistance Program (CAP).

The CAP program is designed to assist you pay off the arrears on your account, and may allow for a reduced monthly payment. Further, if admitted into the program, a payment plan will be established, and with regular monthly payments, Duquesne Light Company will write-off a portion of your unpaid balance every month.

I have already taken the first step for you, and referred your account to the CAP agency. You need to meet with the Case Manager listed below to complete an application into the program:

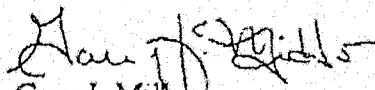
Mr. Chester Gaines  
Northside Common Ministries  
1601 Brighton Road  
Pittsburgh, PA 15212  
(412) 322-6588

You will need to take documentation with you that shows such things as the total amount of income you have in the home for each resident, and expenses that you pay, such as rent, telephone, water, and sewage.



I encourage you to participate in this program, and ask you apply as soon as possible. Mr. Games can answer any further questions you may have, and would welcome your call.

Sincerely,

  
Gary J. Miller  
Regulatory Analyst

CSS03701

10/31/01

PA. PUBLIC UTILITY COMMISSION  
BUREAU OF CONSUMER SERVICES  
DECISION DATA

BCS CASE NUMBER: 0956217

CUSTOMER NAME: GAYLE KYLES  
ADDRESS: 2342 COLORADO WAY  
PITTSBURGH PA 15212

DATE CASE CLOSED : 10/31/01  
DECISION TYPE: STRAIGHT PAR WAIVE LPC'S  
TOTAL OR FINAL ACCOUNT BALANCE: 395.08  
DATE OF ACCOUNT BALANCE: OCTOBER 31, 2001

NO. 2'S (OFFS)  
TO HAVE SERVICE RESTORE PAY :

NO. 3'S (REMEDI)  
TO KEEP YOUR SERVICE ON PAY THIS AMOUNT : BY

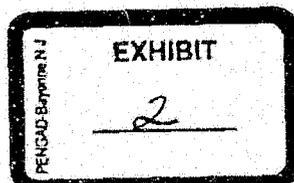
TERMS. BEGINNING : NOVEMBER 23, 2001 (EXTEND NOV DUE DATE)

SPECIAL BUDGET OR OPTIONAL PAYMENT AMOUNT : 68.00  
REGULAR BUDGET AMOUNT : 53.00  
PLUS PAYMENT TOWARD ARREARS : 15.00

FINAL BILL MONTHLY PAYMENT : .00

CURRENT BILL MONTHLY PAYMENT : .00

END OF MONTH PAYMENT : .00



AFFIDAVIT

I, Fred R. Allison, being duly sworn according to law depose and say that I am authorized to make this affidavit on behalf of Duquesne Light Company being the holder of the office of Vice President - Information Technology and Revenue Cycle Services with that corporation, and that the facts set forth in the foregoing document are true and correct to the best of my knowledge, information and belief and Duquesne Light Company expects to be able to prove the same at any hearing hereof.

*Fred R. Allison*

-----  
Fred R. Allison

Sworn and subscribed before me this 19th day of November, 2001.

*Mary Jane Hammer*

-----  
Notary Public

My Commission Expires

Notarial Seal  
Mary Jane Hammer, Notary Public  
Moon Twp., Allegheny County  
My Commission Expires Oct. 6, 2003  
Member, Pennsylvania Association of Notaries

Before the  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

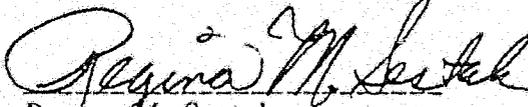
GAYLE KYLES )  
 )  
 Complainants, )  
 )  
 v. ) Docket No. C-20016324  
 )  
 DUQUESNE LIGHT COMPANY. )  
 )  
 Respondent )

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true copy of the foregoing document upon the participants listed below in accordance with the requirements of 52 PA. Code § 1.54 (relating to service by a participant).

Gayle Kyles  
2342 Colorado Way  
Pittsburgh, PA 15212

Dated this 19th day of November, 2001

  
Regina M. Sestak  
Pa, I D # 23632  
DQE, Inc  
Cherrington Corporate Center  
Mail Drop C4-4-3  
400 Fairway Drive  
Moon Township, PA 15108  
Telephone: (412) 393-1546  
FAX (412) 393-1418



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Office Of Administrative Law Judge  
P.O. Box 3265, Harrisburg, PA 17105-3265

IN REPLY PLEASE  
REFER TO OUR FILE

January 31, 2002

In Re: C-20016324

(See attached list)

DOCUMENT  
FEB 01 2002

Gayle Kyles v. Duquesne Light Company

Requests payment arrangements.

DOCUMENT  
FOLDER

Telephone Hearing Notice

This is to inform you that a hearing by telephone on the above-captioned case will be held as follows:

Type: Initial telephone hearing  
Date: Monday, March 4, 2002  
Time: 10:00 a.m.  
Presiding: Administrative Law Judge Michael A. Nemec  
1103 Pittsburgh State Office Building  
300 Liberty Avenue  
Pittsburgh, PA 15222  
Telephone: (412) 565-3550  
Fax: (412) 565-5692

The judge will be presiding as authorized by Chapter §56.174 of the Pennsylvania Code.

If you have not provided a current telephone number where you can be reached for participation in the hearing OR YOUR AREA CODE HAS CHANGED, then you must contact the presiding officer at least 7 days before the actual hearing and provide the necessary information.

At the above date and time, the Presiding Officer will contact the parties as follows:

Gayle Kyles (412) 231-0778  
Regina M. Sestak, Esquire (412) 393-1546

If you have any hearing exhibits to which you will refer during the hearing, 3 copies must be sent to the Administrative Law Judge and 1 copy each must be sent to every other party. All copies must be received at least 3 days before the hearing.

Attention: You may lose the case if you do not take part in this hearing and present facts on the issues raised.

Except for those individuals representing themselves, the Commission's rules require that all parties have an attorney; therefore, you should have an attorney of your choice file an entry of appearance before the scheduled hearing.

If you are a person with a disability, and you wish to attend the hearing, we may be able to make arrangements for your special needs. Please call the scheduling office at the Public Utility Commission:

- Scheduling Office: (717) 787-1399.
- AT&T Relay Service number for persons who are deaf or hearing-impaired: 1-800-654-5988.

pc: Judge Nemec  
Susan Licon  
Beth Plantz  
Docket Section  
Calendar File