

CAPTION SHEET

CASE MANAGEMENT SYSTEM

1. REPORT DATE: 00/00/00	:	
2. BUREAU: ALJ	:	
3. SECTION(S):	:	
5. APPROVED BY:	:	4. PUBLIC MEETING DATE:
DIRECTOR:	:	00/00/00
SUPERVISOR:	:	
6. PERSON IN CHARGE:	:	7. DATE FILED: 06/09/03
8. DOCKET NO: F-01121088	:	9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT: RANSOME, CELESTINE

RESPONDENT/APPLICANT: PHILADELPHIA GAS WORKS

COMP/APP COUNTY: PHILADELPHIA

UTILITY CODE: 125042

ALLEGATION OR SUBJECT

COMPLAINANT STATES THERE IS A GAS LEAK IN HOUSE. SHE WANTS IT FIXED.

DOCUMENT
FOLDER

JUN 2, 2003

RECEIVED

F-01121088

ORIGINAL

2003 JUN -9 AM 9: Pennsylvania Public Utility Commission

6/17/03

SECRETARY'S BUREAU
Please Print:

125042

HCJ 1121088

1. Your Name, Mailing Address and Telephone Number.

Name Celestine Ransome

Street/P.O. Box 2610 Hobson St Apt.# _____

City Phila State Pa Zip 19142

County PENNA Home Telephone-Area Code () _____

Work Telephone-Area Code () _____

2. Name of Company your complaint concerns: PGW 2230 Hobson Cause

3. What is your complaint? LANDLORD JOHN CASSIDY 2230 Hobson St

To Be Very Scared of Being that house the

Fumes glowing Air For Long time inside my

Chest. Breevng differently. Foot Surgery left ^{Foot} ^{two} ^{toe} ^{now moved}

Both two ~~toe~~ Right Foot 96 OCT 15 1996, 1997, 1998

my Doctor send OTH ~~at~~ ALTA therapy, ~~nerogly~~

Special Hahaman Hospita test one with machines

Right, Foot, Left, ~~the~~ House WAS Cold For Day

Hobson 2230 until. Front of step ^{Gas link} deep hold ground ^{fumes} outside

Basement Gas in will go their fumes fix gas on the House

Blow. Said on the Basement door Mrs Celestine Fumes

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

SAFE my LIFE

(-over-)

153

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

Reedland 6335 House Live There

Was Cold For Some mos

I kept on Complaining About

Land Lord Joseph Bonke 6335 Reedland

Call him also gas company

Reedland Justice ON THE Behave

He KNOWING ^{his} worst Feet Condition Fee Hand app

mean while Mentally Physically ^{2230 Hobson the man} to 6335 Reedland

^{could have been} Cold to Dead Freezing morning Evening Just
worrying about ^{stand a hearing} find life again shock change
(If you need more space, use additional paper and attach to this form.)
problem

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.

Celestine Ranson

Original Signature of complaining person

5/3/2003

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 (_____) _____

Gregory S. Schneider M.D.

CELESTINE RANSOME

Bone Callous

HOME CARE:

Wear open heeled shoes to reduce rubbing against your foot.

RETURN PROMPTLY before your next appointment or contact your doctor if any of the following occurs:
worsening pain, redness, swelling in the area.

ED Record • Mercy Hospital of Philadelphia
Lower Extremity Problem (5)

RANSOME, CRESTINE

triage/nurses/paramedic/nursing hm/notes reviewed/verified

MD Time: 1:10 AM

Date: 5/22/03

Medications reviewed/verified

HISTORIAN: patient spouse paramedics

HX/ EXAM LIMITED BY: Ψ pt is racing through HX

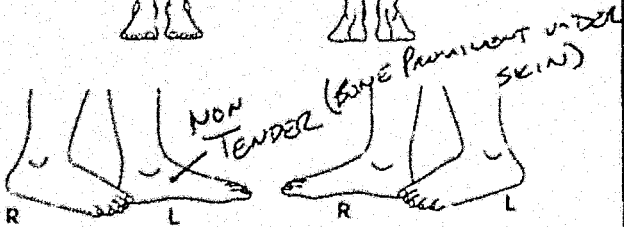
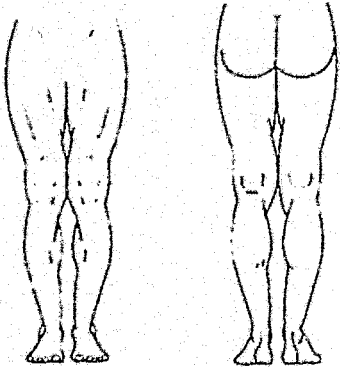
Recently seen / treated by doctor _____

HPI chief complaint: Pain Swelling - Altered Sensation
R/L FOOT ANKLE LEG KNEE THIGH HIP BACK

started: 2 mo ago Pt clo shoe rubbing against foot \Rightarrow pain. she likes the rest of shoe she was given before i would like another.

time course: constant sudden-onset
 still present intermittent episodes lasting
 better worse / persistent since
 gone now

location: P = Pain S = Swelling T = Tenderness E = Erythema



severity:	exacerbated by:	relieved by:
<u>mild</u>	walking movement	rest ice
moderate	nothing	aspirin nothing
severe		

ROS
CVS / PULMONARY
cough
chest pain
trouble breathing

NEURO / EYE / ENT
headache
trouble with vision
sore throat

CONST / SKIN / LYMPH
fever
subjective / to _____ of
skin rash
lumps or swelling

GI / GU
abdominal pain
vomiting
diarrhea
black / bloody stools
dysuria

M/S

Back pain

all systems neg. except as marked

PAST HX negative
intervertebral disc disease
lumbar thoracic cervical
back injury
chronic back pain
diabetes insulin / oral / diet
deep venous thrombosis
DVT risk factors

heart disease
CHF MI angina ASCVD
peripheral vascular disease
high blood pressure
high cholesterol
peptic ulcer disease
gout

other problems Ψ paranoid schiz

Surgeries / Procedures

none / noncontributory
back surgery
knee surgery
appendectomy

cholecystectomy
c-section / hysterectomy
cardiac bypass
TURP

Medications none see nurses note
ASA NSAID acetaminophen
BCP's

Allergies NKDA
see nurses note

recent injury? no yes possibly

When? as above

How (context)? FBI FORWARD

Where? home work gym

Similar symptoms previously 2 sites of priapism foot + flex in SD, burn @ toe for

SOCIAL HX smoker drugs
alcohol (recent / heavy / occasional)

74- T+ W 100% RA
 Name: RANSOME, FLESTINE

Nursing Assessment Reviewed Vitals Reviewed

PHYSICAL EXAM Alert

Distress: NAD mild moderate severe

LOWER EXTREM. tenderness / swelling
 foot / ankle / Achilles tendon / calf / thigh
 non-tender pedal edema
 no pedal edema

Joint Exam of ligamentous instability
 effusion
 click / crepitation
 limited ROM

gait / weight bearing antalgic gait
 painful / unable to bear weight

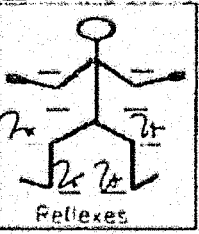
VASCULAR pale / cool extremity
 no vascular compromise poor capillary refill
 Homan's sign / venous cord
 decreased / absent pulse

ferromal popliteal dors-pedis post-tib
 R- 2+ 2+
 L- 2+ 2+

NEURO / PSYCH

sensation intact
 motor intact

peripheral exam
 sensory / motor deficit



asymmetric reflexes

oriented x3
 mood / affect nml
 CN's nml as tested

disoriented to person / place / time
 depressed affect
 facial droop / EOM palsy / anisocoria

SKIN

color nml
 warm, dry
 no rash

cyanosis / diaphoresis / pallor
 lymphangitis
 warmth / erythema
 skin rash

BACK / NECK

nml inspection

vertebral tenderness
 pos straight leg raising test on R / L at

EENT

eyes inspecta nml
 ENT inspecta nml
 pharynx nml

scleral icterus / pale conjunctivae
 pharyngeal erythema

RESPIRATORY

no resp. distress
 breath sounds nml

respiratory distress
 wheezing
 rales

CVS

reg. rate & rhythm
 heart sounds nml

tachycardia / bradycardia
 JVD
 murmur / gallop

ABDOMEN

non-tender
 no organomegaly

tenderness / guarding / rebound
 hepatomegaly / splenomegaly / mass

1 2 3 4 5 6 7 8 9 10
 Pain Scale Max

LABS, EKG, X-RAYS and PROGRESS

CBC normal except WBC Hgb Hct Platelets segs bands lymphs	Chemistries normal except Na K Cl CO2 BUN Gluc Creat	UA normal except WBC RBC's bacteria dip:
------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------------------------------

EKG MONITOR STRIP NSR Rate
 EKG NML Interp. by me Reviewed by me Rate
 NSR nml intervals nml axis nml QRS nml ST/T

not / changed from:
X-RAYS Interp. by me Reviewed by me Discsd w/ radiologist
nml / NAD no fracture nml alignment no foreign body
 study: interp:

LE Ultrasound nml

Venogram nml
 Time unchanged improved re-examined

Discussed with pt seen and exam by (ED) Dr.
 Admit to Dr. area Consults
 Rx given

Counsel patient / family regarding. CRIT CARE 30-74 min
 lab results diagnose need for follow-up 75-104 min min
 Admit orders written Additional history from:
 Prior records ordered family caretaker paramedics

RESIDENT'S SIGNATURE [Signature]

FACULTY:

pt seen / examined ancillary & resident's notes reviewed and agree
 (Medical decision making) All meds, Rx, tests, procedures
 reviewed/interpreted/supervised

HX: Leg pain over at 9a.m. today
to see ortho

PX: U. renal AC/PT. no ascites in
legs when w/ rest. slight back
 procedure personally and directly supervised / monitored

CLINICAL IMPRESSION OF SUPERVISING PHYSICIAN:

Pain: Vascular occlusion
 Pedal Edema Deep venous thrombosis
 Bursitis / Arthritis Lumbar Radiculopathy
 Tendonitis / Plantar Fasciitis Myofascial Strain

DISPOSITION- home admitted transferred 11/7 AM
 TIME
 CONDITION- unchanged improved stable

ATTENDING SIGNATURE [Signature]
 Pt. Signed out to time
 Further mgmt. assumed by consultant / PCP time

74
 AA
 2x3

Pt. Name: _____ DOB: _____ ER I.D. Number: _____ Date: 5/29

Vital Signs

Nursing note/Continuation:

0105 Placed in cubicle #4 - awaiting exam - N/A
assessments completed SA
0110 Initial exam noted SA
0130 Health teachings initiated
0140 D/C instructions given & reviewed at
void counseling to FHO
PCP as recommended SA
Left ER in N/A SA

[Large section of the page is crossed out with a large 'X' drawn across the lines.]

- Discharge instructions.
- Patient verbalizes a good understanding of discharge instructions.

Signature _____

SA/Alton Alston

Valuables sent/received by:

Name	Signature
<input type="checkbox"/> with family	_____
<input type="checkbox"/> with friend	_____
<input type="checkbox"/> with police	_____
<input type="checkbox"/> to floor	_____
<input type="checkbox"/> to safe	_____

Organ donation offered:

accepted declined

patient not a candidate for donation

coroner called time _____

Released Yes No

Report called:

time: _____

given to: _____

given by: _____

12 ED Record * Mercy Hospital of Philadelphia
Foot or Ankle Injury (4)

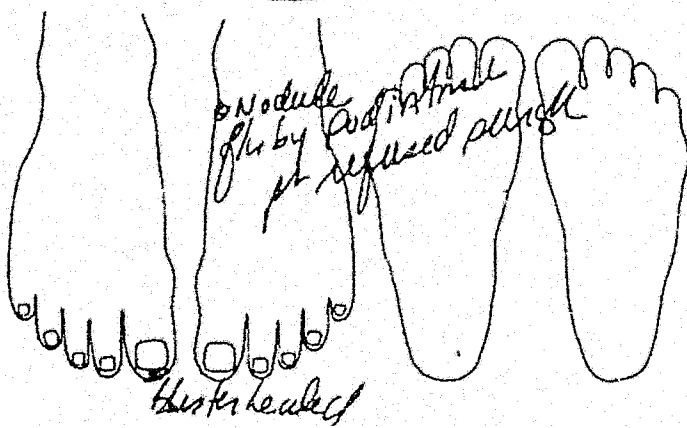
Triage/nurses/paramedic/nursing hrm/notes reviewed/verified

MD Time: 10:20p
Date: 1/21/03

Celestine Ransom

Medications reviewed/verified

HISTORIAN: patient spouse paramedics
HX/ EXAM LIMITED BY: none great toe



HPI chief complaint: Injury to right / left ankle
 foot ankle leg knee thigh
 great toe 2nd toe 3rd toe 4th toe 5th toe

duration / occurred: just prior to arrival / today / yesterday / 3/23/05 days PTA
 where: home / school / neighbor's / park / work / street

context: fell twisted direct blow incised burn
Tripped stair @

severity of pain: mild / moderate / severe

associated symptoms: painful / unable to bear weight

ROS tingling / numbness distally / suspected FB (skin lac)
head / neck / other injuries / recent illness

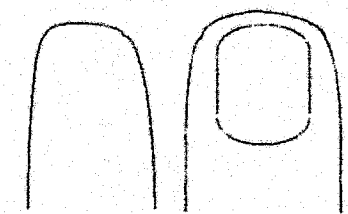
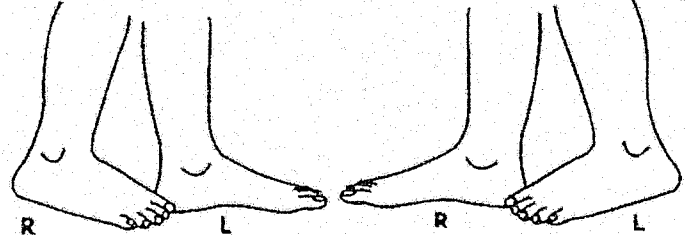
PAST HX negative / prior injury
other problems

Meds- none / see nurses note
 Allergies- NKDA / see nurses note

Nursing Assessment Reviewed Vitals Reviewed Tetanus Immun. UTD

PHYSICAL EXAM Alert
 Distress NAD / mild / moderate / severe
 FOOT see diagram / great toe loaded
non-tender / tenderness soft-tissue / bony / swelling / ecchymosis / limited ROM
due to pain / functional deficit / deformity / nail injury / complete / partial avulsion / subungual hematoma

ANKLE see diagram / ankle medial aspect
non-tender / tenderness soft-tissue / bony / swelling / ecchymosis / limited ROM / deformity / ligamentous instability (pos. ant. Drawer)



T=Tenderness S=Swelling
 E=Ecchymosis B=Burn
 C=Contusion Lac=Laceration
 A=Abrasion
 PW=puncture wound
 (O=without nail)
 mod=moderate s=severe
 Example: Tsv = Tenderness on palpation (severe)

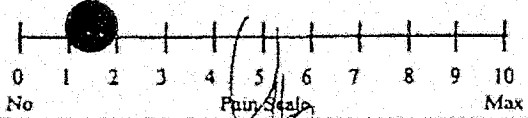
GAIT normal / limited by pain / unable to bear weight / antalgic gait / gait not tested due to pain

NEURO sensation intact / digital nerve deficit / decreased fine touch / abnml 2-point discrim. / motor intact / peroneal nerve deficit / post tibial nerve deficit

VASCULAR no vascular compromise / pallor / cool skin / abnml cap refill / pulse deficit / dorsalis pedis / post tibial

TENDONS tendon function normal / tendon visualized / injury seen / extensor flexor complete partial / deficit in tendon function / limited extension / limited flexion

Name: Celestine Hansme



LEG / KNEE / THIGH
 uninjured above ankle see diagram
 tenderness soft-tissue / bony
 swelling
 deformity
 knee effusion
 limited ROM
 diaphoretic / cool / cyanotic

SKIN
 warm, dry

HEAD / ENT
 nml inspection
 pharynx nml
 tenderness
 swelling / ecchymosis

NECK / BACK
 nml inspection
 non-tender
 tenderness
 swelling / ecchymosis

CHEST
 no resp. distress
 non-tender
 breath snds nml
 tenderness
 swelling / ecchymosis

ABDOMEN
 non-tender
 no organomegaly
 tenderness / guarding

XRAYs Interp by me Reviewed by me Discsd w/ radiologist

R/L foot ankle tib/fib toe
 normal / NAD
 no fracture
 nml alignment
 no foreign body
DJD
dislocation
soft-tissue swelling
foreign body
fracture

Other study:

 See separate report

PROCEDURES and PROGRESS:

ANKLE-
 ace wrap / tape boot orthosis crutches post-op shoe
 air cast neoprene sleeve
 splint sugar-tong / posterior OCL / Ortho-glass / plaster
 applied by ED Physician / Orthopedist / Tech
 examined post splint application NV intact alignment good

OTHER-
 toes "buddy-taped"
 subungual hematoma drained with electrocautery
 digital block lidocaine 1% cc marcaine 0.25% 0.5% cc
 foreign body removed with forceps with incision

Wound Description / Repair
length _____ cm location _____
NVT intact see NVT exam (front side)
depth / shape / contamination
 superficial linear stellate contused tissue
 SQ irregular nail avulsed
 muscle flap
 clean contaminated minimally / moderately / *heavily
with _____
ANESTHESIA LET / TAC local digital / metacarpal block
 lidoc 1% 2% epi / bicarb marcaine .25% .5% epi
WOUND PREP
 Betadine debrided
 irrigated / washed w/ saline minimal / *mod. / *extensive
 minimal / mod. / *extensive undermined
 wound explored minimal / mod. / *extensive
 foreign material removed wound margins revised
 partially completely multiple flaps aligned
WOUND REPAIR
Wound closed with: wound adhesive / steri-strips
SKIN- # _____ -0 nylon / prolene / staples
 interrupted running simple mattress (h/v)
NAIL BED # _____ -0 vicryl
 interrupted running simple mattress (h/v)
OTHER # _____ -0 material
 interrupted running simple mattress (h/v)
* may indicate int. mediate repair * may indicate intermediate or complex repair

Time _____ unchanged _____ improved _____ re-examined

Discussed with pt seen and exam by (ED) Dr. _____
Admit to Dr. VA/ENOT area _____ Consults _____
Rx given _____

RESIDENT'S SIGNATURE _____

FACULTY:
 pt seen / examined ancillary & resident's notes reviewed and agree
(Medical decision making) All meds, Rx, tests, procedures reviewed/interpreted/supervised.

HX- _____

PX- _____

_____ procedure personally and directly supervised / monitored

CLINICAL IMPRESSION OF SUPERVISING PHYSICIAN: Fall Alleged Assault

Contusion R/L knee ankle foot
Hematoma great toe 2nd toe 3rd toe 4th toe 5th toe
Sprain / Strain Laceration
Fracture R / L tibia distal / shaft / proximal
Dislocation fibula distal / shaft / proximal
bimalleolar trimalleolar
talus calcaneus
navicular metatarsal toe:

DISPOSITION home admitted transferred

TIME _____

CONDITION unchanged improved stable

ATTENDING SIGNATURE _____

Pt Signed out to _____ time _____

Further mgmt. assumed by consultant / PCP _____ time _____



SERVICE TO: CELESTINE T RANSON
2610 S HOBSON ST

Invoice Number: 58116021846

Account Number: 7120293915
Account Type: GS Residential Heat and Domestic Page 1 of 2
Questions about your bill? Please call us before the Pay By date at 215-235-1000.
Or write to: PGW P.O. Box 3500, Phila., PA 19122-0050

19

TIENE PROBLEMAS CON SU FACTURA DE GAS? LLAME AL 215-235-2175

PLEASE PAY

611.08

PAY BY

06/24/03

CRP Agreement

METER READING INFORMATION

PGW'S EZ READER VAN WILL READ YOUR METER Jun 25 2003
AMR device # 00006451703
Meter # 1511946 To May 28 2003 Actual 5710
From Apr 28 2003 Actual 5656
Current Bill Usage in Hundred Cubic Feet 54 CCF

STATEMENT OF ACCOUNT

Previous balance on: Apr 30 2003 3,474.29
less payments .00
Balance Prior to Current Billing 3,474.29
Current Billing Charges -- SA ID: 1859371540 34.40
TOTAL ACCOUNT BALANCE ON: May 30 2003 3,508.69

CURRENT BILLING CHARGES -- 04/28/03 to 05/28/03

Cost of Service Used
Customer Charge @ \$12.00 12.00
Commodity Charge 54 ccf @ \$0.74784 40.38
Gas Cost Rate 54 ccf @ \$0.506 27.32
Weather Normalization Adjustment 4.23 CR
CRP Discount 45.47 CR
the Real Excess Usage 4.40
Total Current Billing Charges 34.40
This year 54.00 ccf 30 2 ccf 60.2 \$1.15
Last year 52.00 ccf 29 2 ccf 62.5 \$1.03

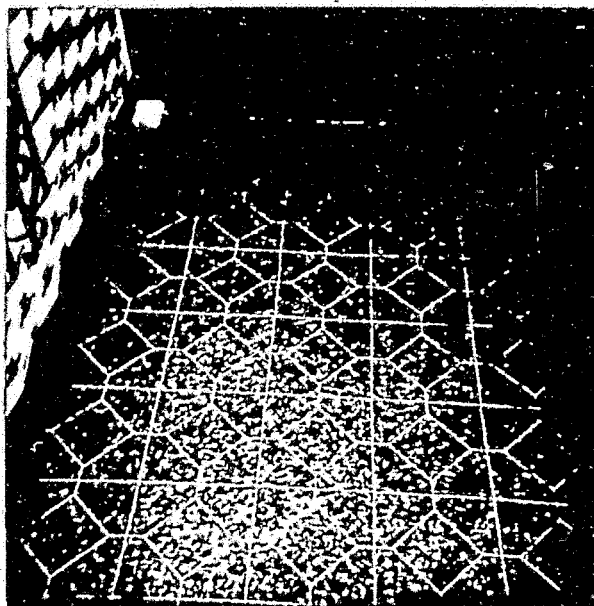
The Weather Normalization Adjustment (WNA), reflected on your bill, will result in a reduction when the temperatures are colder than normal and increase when the temperatures are warmer than normal. Para recibir mas informacion (en Espanol) con respecto al WNA, llame al numero 215-787-1251.



Celestine Ransome living there then
 Happen Dec. 30 21 smell at
 JAN, gas leak odors open ground
 one pipe STEP HOBSON 2230 ST



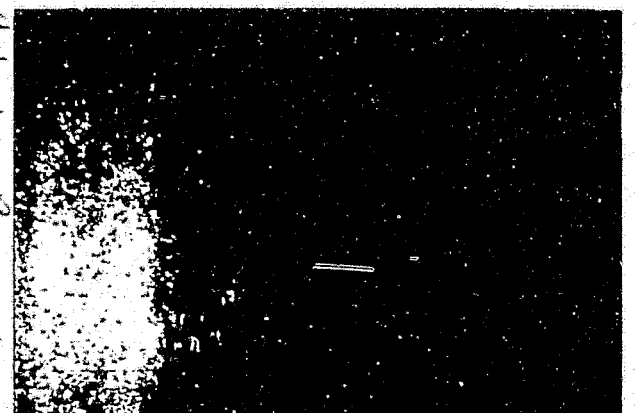
Celestine Ransome 2230 Hobson St Dead
 Christian Catholic Already ~~not~~ ~~gone~~ ~~there~~
 gas 10 ft inside base ment
 leak ~~at~~ ~~with~~ ~~to~~ medical
 TWING problems 90 Hospital ~~base~~ ~~side~~



Celestine Ransome living there then
 Gas outside front of my Dec porch
 also on open ground 2230 Hobson St
 right back in 5102



Celestine Days ↑ Leaks Four House when
 Ransome living there Place New Pipe
 then 2230 Hobson St Could Dead if I did
 1996 1997 1998 1999



Celestine Ransome 2230
 2230 Hobson inside street
 2230 Hobson
 in front of
 side with pipe

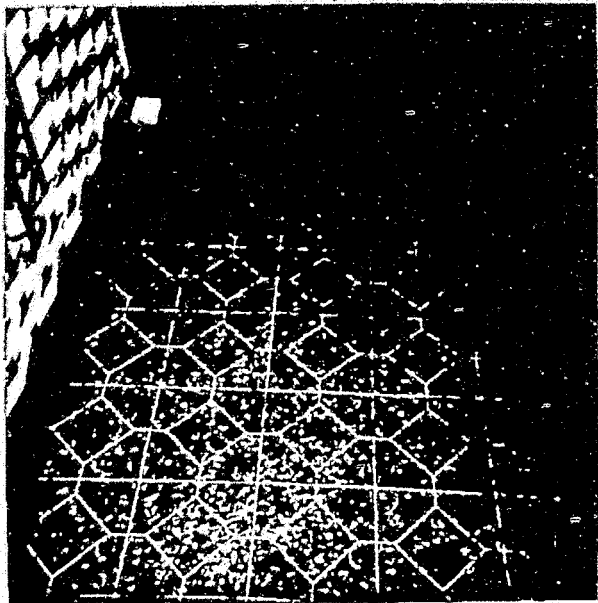
POOR ORIGINAL



Celestine Ransome living there then
Happen Dec 30 31 smell of
JAN, gas leaks odors open ground
air pipe STEP HOBSON 2230 st
from below



Celestine Ransome 2230 Hobson st Dead
Christmas Catholic. Attorney. ~~real~~ ~~land~~ ~~mine~~
gas hold inside basement
leak pipe well inside base. ^{could} ^{open} ^{chest}
Trinity problem area go Hospital ^{inside}

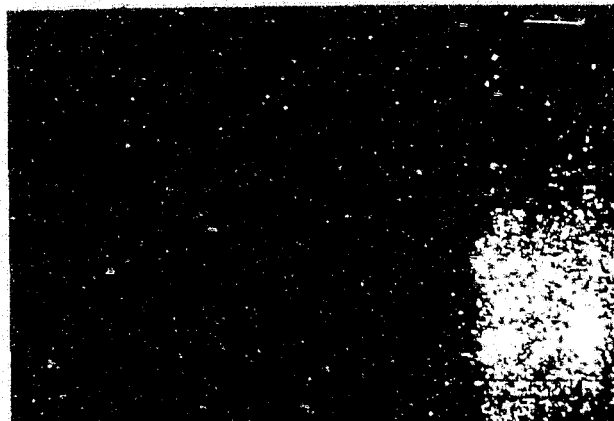


Celestine Ransome living there then
Gas out side of my back porch
Also in open ground 2230 Hobson st
right back in side

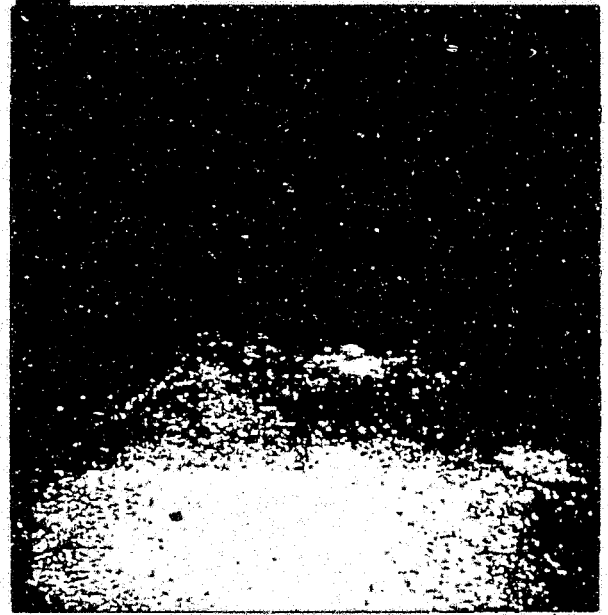


Celestine Days ↑ Leaks Fall House when
Ransome ↑ Odors all thro
living there the house
then Place New pipe
2230 HOBSON st Could Dead if I did
1996 1997 1998 1999

POOR ORIGINAL



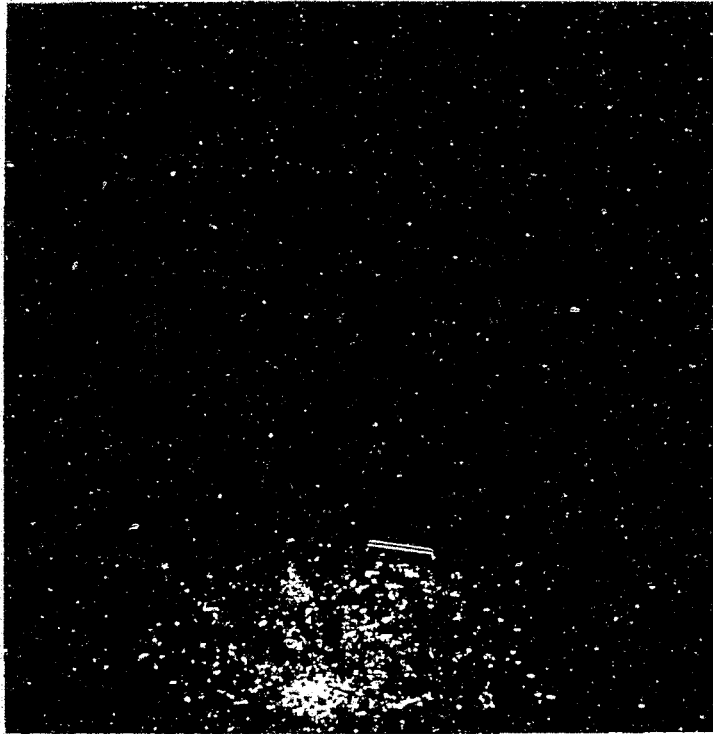
Ransome then
2230 Hobson st
in side street front door
2230 HOBSON st
in front pavement area
side wall basement 100000



Celestine Ransom ^{then} 2230 Hobson st
2230 Hobson inside street front door
2230 Hobson st
in front pavement address
side wall pavement front of building

POOR ORIGINAL

POOR ORIGINAL



Celestine Ransom ^{THEN} 2230 Hobson st
2230 Hobson inside street front door.
2230 Hobson st
in front pavement across
SIDE WALK PAVEMENT front ^{door} sidewalk

Temple Foot & Ankle

Order # 31776

eval + treat

open wound ✓
Loose Nail
Ankle pain.
R. H. ✓

DEA # _____

HARVEY SOIFER, D.O.
STEVEN A. FEINSTEIN, M.D.

2821 ISLAND AVENUE, SUITES D & E, PHILADELPHIA, PA 19153
215-863-6110

PA Lic. No. OS-003419-L

PA Lic. No. MD-032211-E

NAME

Celeste Benson

ADDRESS _____

DATE 6/1/01

R (Please Print)

Bone Scan

with fact

REFILL _____ TIMES PRN NR

SUBSTITUTION PERMISSIBLE

SLA7

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE BRAND NECESSARY OR BRAND
MEDICALLY NECESSARY IN THE SPACE BELOW

Pain Specialist
injection
Seen Dr. Sworkin
my Doctor 5/30/2003

Referral Dr. Gerald
Sworkin
Both ankle,
Shoulder Referral
Lower Back Referral
Three Months ago
Two week
See Him

injection upper
Referral Neck/Shoulder
Both Foot/Ankle Slop
Fall Right toe painful
Upper Pain Both
foot middle.

William Croce, DPM
Southwest Foot & Ankle Center
2801 Island Avenue • Philadelphia, PA 19153 • 215-365-1800

FOR Celestine Ransome AGE 44 DATE 4/18/03
ADDRESS _____

R

ixit to surgical shoe
R foot

10x 989.7
SUBSTITUTION PERMISSIBLE

REFILL _____ TIMES
LIC # _____
DEA NO _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND WRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

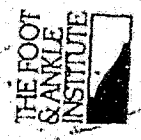
DEA #
HARVEY SOIFER, D.O.
STEVEN A. FEINSTEIN, M.D.
2821 ISLAND AVENUE, SUITES D & E PHILADELPHIA, PA 19153
215-863-6110
PA Lic No OS-003419-L PA Lic No MD-032211-E

NAME Celestine Ransome
ADDRESS _____ DATE 2/29/03

R (Please Print)

Pt Eval

REFILL _____ TIMES PRN NR
SUBSTITUTION PERMISSIBLE Fillmetin



TEMPLE UNIVERSITY SCHOOL OF PODIATRIC MEDICINE
EIGHTH AT RACE STREET
PHILADELPHIA, PA 19107
215-238-6600 215-629-0300



NAME Celestine Ransome AGE _____
ADDRESS _____

DATE 5/20/03

R Physical Therapy
Rom Muscle Stretching + proprioceptive
Rehab B/L feet/ankles 3x weekly x/wo.

SUBSTITUTION PERMISSIBLE
DEA NO _____
JC NO SC002690-L
SIGNATURE _____
GARY R. BAUER, D.P.M.
PRINT NAME OF PRESCRIBER

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND WRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW
ans p apr 2 mo mt

Temples foot & ankle
Fracture # 31776

eval + treat

open wound
Loose Nail
Ankle pain
Both

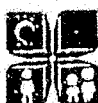
HARVEY SOIFER, D.O.
STEVEN A. FEINSTEIN, M.D.
AVENUE SUITES D & E, PHILADELPHIA PA 19153
215-863-8110
PALC No. MD-032211-E

in Review
DATE 6/8/04

Flucon 150
TIP STAR
#1

PRN NR
ISSIBLE *SR*

AND NAME PRODUCT TO BE DISPENSED.
JUST HANDWRITE BRAND NECESSARY OR BRAND
ARY IN THE SPACE BELOW



COMMUNITY COUNCIL
MENTAL HEALTH AND MENTAL RETARDATION INC
4901 WALTON AVENUE
PHILADELPHIA PA 19131

(215) 473-7033

NAME Celestine Pansone DATE 4/17/03
ADDRESS 2610 14th St 7-44-65

Rx
Fluoxetine 20 mg qd # 30
Nortriptyline 10mg BID # 60
~~Propofol 2mg hs # 30~~

SUBSTITUTION PERMISSIBLE Rx (MDC)

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST
HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE
BELOW WDO36864E PHILIP MARKOWITZ, MD

RENEW 0 1 - 2 - 3

DEA NO. BM6569973



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

APRIL 29, 2003

IN REPLY PLEASE
REFER TO OUR FILE

BCS #1121088

CELESTINE T RANSOME
2610 HOBSON STRFET
PHILADELPHIA PA 19142

Dear MS RANSOME:

This is in response to the informal complaint you filed with the Bureau of Consumer Services against PGW on April 11, 2002. Briefly, your complaint was that you previously lived at 2230 Hobson Street until there was a gas leak in 1998. You stated that in February 2002 you applied for service at 2610 Hobson Street and was advised by the company that you already had service in your name at that address.

I have been in touch with PGW on your behalf and it reported that you were a customer of record at 2230 Hobson Street from November 13, 1995 until June 21, 1999 when PGW shut off the gas at your request. You also had service at 6335 Reedland Street from November 4, 1999 to February 9, 2001. Your service was turned on at 2610 Hobson Street on March 5, 2001 and is currently active.

Perhaps as a result of the above, your concerns have been satisfied. If that is not the case, however, or if you need payment arrangements, please call me at 1-800-782-1110 or 717-783-5236 within ten days of the date of this letter. If I do not hear from you within ten days, I will assume your concerns have been satisfied and will either close your complaint or will issue a payment arrangement decision, if appropriate.

Sincerely,

Isaac Dunstan
Investigator, Informal Complaint Unit
Bureau of Consumer Services

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

CELESTINE T RANSOM PHILADELPHIA GAS WORKS
2610 S HOBSON ST v.
PHILADELPHIA PA 19142

BCS No: 1121088

Account Number: 7120293915

Decision On Informal Complaint By The Bureau Of Consumer Services:

Statement Of Complaint:

A summary of the customer's complaint is as follows:

The customer states she lived at 2230 S Hobson St and there was a gas leak in 1998. PGW came and worked on the problem. She said in February 2002 she also applied for service at 2610 Hobson St.

Investigation By Staff Of The Bureau Of Consumer Services Revealed:

1. That the customer had gas service at 2230 S Hobson St from August 5, 1997 to June 21, 1999 and the customer's bills are based on actual meter readings. The December to January bill is slightly higher than normal but not substantially.
2. That the customer has gas service at 6335 Reedland St from September 28, 1999 to May 31, 2000 and the bills are based on actual meter reading.
3. That the customer then established service at 2610 S Hobson St on March 5, 2001 to the present and all bills are based on actual meter readings. The customer is enrolled in the Customer Responsibility Program(CRP) with a base CRP amount of \$30.00.
4. That the customer is enrolled in the CRP program but has defaulted in the amount of \$576.68.
5. That as of April 30, 2003 the customer's account balance is in the amount of \$3474.29.

Therefore It Is Decided:

1. That the customer's bills are correct as rendered.
2. That the customer must re-certify for the CRP program and pay \$576.68, and then if eligible the customer will be reinstated into CRP. The re-certification and payment must be completed by June 2, 2003.
3. That failure to re-certify and pay the \$576.68 could result in the termination of the customer's service.



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

6/17/03

IN REPLY PLEASE
REFER TO OUR FILE

May 28, 2003

BCS 1121088

CELESTINE T. RANSOM
2610 S HOBSONS STREET
PHILADELPHIA PA 19142

Dear Sir/Madam:

We have received your request to appeal the decision of the Bureau of Consumer Services.

We have enclosed one complaint form for you to complete. Please read carefully the instructions to help you complete the form.

**** Please make sure you sign the form. We must receive your original signature in order for us to process your complaint. Your form will be returned to you if an original signature is not received.**

Return the form to us on or before June 17, 2003 to the address listed below:

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

While you wait for us to reach a decision on your complaint, you must pay all undisputed bills (ones that are not a part of your complaint). As long as you pay all undisputed bills and return these formal complaint forms to us on time, the company is not permitted to terminate your service.

Commission Procedures for Formal Complaints

- We send a copy of this letter to the company so they know you are appealing the Bureau of Consumer Services' decision;
- We also send the company a copy of your completed formal complaint forms. Once they receive it, they have 20 days to send us an answer to your complaint. The company will send you a copy of their answer.
- Once we receive all the paperwork, we usually will schedule your hearing before an Administrative Law Judge.

LAND Lord JOHN 2230 HOBSONS or
CASSIDY House Rent 1995-1998

LAND Lord JOSEPH BONIK 1997-1998
6335 Reedland

Re Schedule Hearing
there or PICKUP

IN person. ~~BACK~~

UP in Bring BACK
south west

JOHN CASSIDY
2230 HOBSONS

JOSEPH BONIK
6335 Reedland
south west

6/3/2003

CONTACT A LAWYER

See my way For My conditions

NOT RIGHT I Deserve

Money get Back

Forth i For eat Food

So that I can TAKE

medication Have Been suffering

- We will notify both you and the company by mail when the hearing date is set.
- If you cannot travel to your hearing, you can request that the hearing be held by phone. This is called a telephonic hearing. If we can, we will schedule a telephonic hearing for you.
- We will most likely schedule your hearing sometime within three months after you file your complaint forms. If you know of certain dates when you will not be available for a hearing, let us know when you file your forms. We will try to work around your schedule.
- If you cannot attend the hearing on the scheduled date, you must request a different time or date. You should request the change at least 5 days before your hearing by writing to:

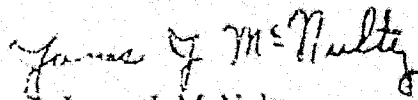
Office of Administrative Law Judge
Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

YOU SHOULD INCLUDE YOUR DAYTIME TELEPHONE NUMBER IN YOUR LETTER. DEPENDING ON YOUR REASON FOR NOT BEING ABLE TO ATTEND THE SCHEDULED HEARING, YOUR REQUEST TO CHANGE THE HEARING MAY OR MAY NOT BE APPROVED. WE WILL LET YOU KNOW OUR DECISION ON YOUR REQUEST FOR CHANGING THE HEARING DATE BEFORE THE DATE OF THE HEARING.

YOU MUST ATTEND SCHEDULED HEARINGS IN PERSON OR BY PHONE. IF YOU DO NOT ATTEND, YOUR COMPLAINT MAY BE DISMISSED (THROWN OUT).

If you have any questions about the complaint process, please call the Bureau of Consumer Services, toll free, at 1-800-782-1110.

Very truly yours,


James J. McNulty
Secretary

nvl

CC PHILADELPHIA GAS WORKS

turn
over
Mr. Ben leadership
members organization

Madam Beyays
Brown Bell
5834 Blaynton
Phila Pa 19144
215 8495702

Celestine Ransome
2610 Hobson St
Phila Pa 19142
215 830-3314 cell phone
Sis. A. Rah H. Bey
4713 Green St
Phila Pa 19144
215 8491056
724 0300

Reynard Noble
2015 54 9662
610 941 2190
1533 ORland St
Phila Pa 19126

DATE Dont move FROM BEING REMOVE SURGERY
June 4 1926 to 4, 5, R Kt side 1946
4 2003 Don't move to 4, 5 Left side
5 1926 to 4, 5 Left side
2003 2015 1926 to 4, 5 Left side
2003 2015 1926 to 4, 5 Left side

Mailing address
Another Celestine Ransome
PO Box 5337
Phila Pa 191420337
damage me physically
mentally

Send Check to Mrs
Celestine Ransome
2610 Hobson St
Phila Pa 19142

Top Leader Rev
Bruce Edward ^{usland}
^{SNIP}
Coalition

Betty Almost die
these 1003 1230 Hobson
Gas Company 6335 Reedline
Service the Landlord
Damage help as well
Health condition yes.
Nad it very hard while.
one these month cold top
Beck, sick cold, day months
2230 HOBSON in Mrs House 2235



Saint
Clement

Catholic Church
Postcard
members

Our parish
Saint Clement
Catholic Church
Christian
Judy
Pam
9/14/05
Bridget

Put up
at Christmas
Real
Williams
Pam
9/14/05
Bridget

my father
grandfather
museum
Rise up
museum
Region
large
open
38
William
Pam
9/14/05
Bridget

Another OR C East AT
Cecelia Ranson
PO. Box 5337
Prata PA 191420337

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

Urban Leader Spic
Tommy France memo
101 Suburban Road
Suite 150 Horsham
Urban Leader
Elena R. Sedler
while have Dr
New Castle Pa 19720
302 375-3181

ISTRUZIONI PER L'APPLICAZIONE

Prima di applicare il brace, leggere attentamente e accuratamente le presenti istruzioni. La corretta applicazione è di fondamentale importanza per l'adeguato funzionamento del

braccio.

A Strappare e allontanare le chiusure e infilare il piede nella scarpa.

B Fissare le chiusure in modo che si applicano e risultino aderenti al piede.



djortho

*6 0/12
Alessandra Romano
Cell. 0477 647474*

NCCA CODE
L3280

79-90195
POST OP SHOE, FEMALE, R
FROM POST OP, REHAB OF FOOT

*Wrap around
Ankle Right*

SCARPA POST-OPERATORIA
ZAPATO POST-OPERATORIO
CHAUSURE POST-OPERATORIE
POSTOPERATIONS-SCHUH

POST-OP SHOE

APPLICATION INSTRUCTIONS

Before applying the brace, please read these instructions carefully and apply it correctly following the steps in the proper functioning of the brace.

NOTATIONS: Please following steps of steps in the box.

A Unfasten or loosen closures. Slip foot into the shoe.

B Secure closures to a snug but comfortable fit.

USO E MANUTENZIONE

• Pulire la scarpa con un panno umido.

USE AND CARE

• Shoe may be washed by wiping down with a damp cloth.

AVVERTENZA: NE CASO IN CUI SI INVERTANO SINTOMI CUIAL DOLORE, CONFUSIONE, MAINTENUTI A LIVELLO DELLE PERCEZIONI SENSORIALI O QUALSIASI ALTRA REAZIONE ANOMALA DURANTE L'UTILIZZAZIONE DEL PRESENTE PRODOTTO RIVOLGERSI IMMEDIATAMENTE AL PROPRIO MEDICO.

AVVISO: SEBENE LE ATTUALI TECNOLOGIE MIRINO AD ASSICURARE LA MASSIMA COMPATIBILITÀ FUNZIONALE, RESISTENZA, DURABILITÀ E COMODITÀ, NON ESISTE ALCUNA GARANZIA CHE L'USO DI TALE PRODOTTO SIA IN GRADO DI EVITARE EVENTUALI LESIONI.

WARNING: IF YOU EXPERIENCE ANY PAIN, SWELLING, SENSATION CHANGES OR ANY UNUSUAL REACTIONS WHILE USING THIS PRODUCT, CONSULT YOUR MEDICAL PROFESSIONAL IMMEDIATELY.

NOTICE: WHILE EVERY EFFORT HAS BEEN MADE IN STATE-OF-THE-ART TECHNIQUES TO OBTAIN THE MAXIMUM COMPATIBILITY OF FUNCTION, STRENGTH, DURABILITY AND COMFORT, THERE IS NO GUARANTEE THAT INJURY WILL BE PREVENTED THROUGH THE USE OF THIS PRODUCT.

INSTRUCCIONES DE COLCACCIÓN

Antes de utilizar este producto, leer estas instrucciones con atención y de ser necesario, leer cuidadosamente el manual de instrucciones. Este producto debe ser aplicado de la siguiente manera:

- A** Deshacer la cubierta de arriba. Mantener el dedo en la parte superior.
- B** Aplicar el producto con un agua fría, pero controlada.

USO Y CUIDADO
• Zapato puede utilizarse fijado en un pie humano.

ADVERTENCIA: SI EXPERIMENTA DOLOR, HINCHAZÓN, CAMBIO DE SENSIBILIDAD O CUALQUIER REACCIÓN FUERA DE LO COMÚN MIENTRAS UTILIZA ESTE PRODUCTO, CONSULTE DE INMEDIATO CON UN PROFESIONAL MÉDICO.

AVISO: SI BIEN SE HAN HECHO TODOS LOS ESFUERZOS POSIBLES CON LAS TÉCNICAS MÁS MODERNAS PARA OBTENER LA COMPATIBILIDAD MÁXIMA DE LA FUNCIÓN RESISTENCIA, DURABILIDAD Y COMODIDAD, NO EXISTE GARANTÍA ALGUNA DE QUE SE EVITAN LAS LESIONES DURANTE EL EMPLEO DE ESTE PRODUCTO.

INSTRUCTIONS D'UTILISATION

Avant tout utilisation de ce produit, lire attentivement ces instructions et de ser nécessaire, lire le manuel d'instructions. Ce produit doit être appliqué de la manière suivante:

- A** Retirer la couverture du dessus. Maintenir le pied dans la chaussure.
- B** Appliquer le produit avec de l'eau froide, mais contrôlée.

UTILISATION ET ENTRETIEN
• Nettoyer la chaussure en tissu avec un linge humide.

AVERTISSEMENT EN CAS DE DOULEUR, D'ENFLURE, D'ALTÉRATION DE LA SENSATION OU DE TOUTE AUTRE RÉACTION ANORMALE LORS DE L'UTILISATION DE CE PRODUIT, SE CONSULTER IMMÉDIATEMENT AVEC LE PROFESSIONNEL DE LA SANTÉ CONCERNÉ.

AVIS: BIEN QUE TOUTES LES TECHNIQUES DE POINTÉ AIENT ÉTÉ UTILISÉES AFIN D'OBTENIR LE NIVEAU MAXIMAL DE COMPATIBILITÉ DE FONCTION, DE RÉSISTANCE, DE DURABILITÉ ET DE CONFORT, IL N'EST PAS GARANTI QUE L'UTILISATION DE CE PRODUIT PRÉVIENNE TOUT PRÉJUDICE CORPOREL.

BEWEGUNGSANWEISUNG

Vor dem Einsatz des Produktes die Bedienungsanleitung sorgfältig und sorgfältig lesen. Dieses Produkt sollte wie folgt angewendet werden:

- A** Das Schuhoberteil entfernen und den Fuß in den Schuh stecken.
- B** Den Schuh mit kaltem Wasser befeuchten, aber nicht zu heiß.

PFLEGEHINWEISE
• Der Schuh kann zum Reinigen nur mit einem feuchten Tuch abgewaschen werden.

WARNHINWEIS: SOLLTEN BEIM GEBRAUCH SCHMERZEN, SCHWELLEN, VERÄNDERTE SENSATIONEN ODER UNGEWÖHNLICHE REAKTIONEN AUFTRETEN, IST UNVERZÜGLICH DEN BEHANDLUNGSARZT ZU KONSULTIEREN.

HINWEIS: OBWOHL ALLE ANSTRENGUNGEN UNTERSCHONEN WURDEN, LIEGT EINSAAT MODERNSTER VERFAHREN MAXIMALE KOMPATIBILITÄT VON FUNKTION, FESTIGKEIT, HALTBARKEIT UND OPTIMALEM SITZ ZUR ZIELLEITUNG KEINE GARANTIE GEGEBEN WERDEN. DAS DURCH DIE ANWENDUNG DIESER PRODUKTS VERURSACHTE VERMIEDEN WERDEN KÖNNEN.

INSTRUCCIONES DE CALIFICACION

Antes de utilizar este producto, lea estas instrucciones cuidadosamente y asegúrese de comprenderlas. Guarde estas instrucciones para futuras referencias.

Page 4 of 4 - See also the registration file

A Deben leer y comprender estas instrucciones cuidadosamente.

B Este producto con un ajuste firme, pero cómodo.

INSTRUCTIONS UTILISATION

Avant tout usage, lisez attentivement ces instructions et assurez-vous de les comprendre. Gardez ces instructions pour référence.

Page 4 of 4 - See also the registration file

A Avant un des premières utilisations. Lire le produit de haut en bas.

B Faire les tentatives sans frustration en se tenant au gar confort la circulation.

GERÄTEANWENDUNG

Vor dem Einsatz des Produkts die vorliegenden Anweisungen sorgfältig und vollständig zu lesen und zu verstehen. Bewahren Sie diese Anweisungen für zukünftige Referenzen auf.

Page 4 of 4

Seite 4 von 4 - Siehe auch die Registrierungsdatei

A Vor dem Gebrauch lesen Sie diese Anweisungen sorgfältig.

B Ein Schuh wieder anzuziehen für mehr, aber bequeme sitzen.

USO Y CUIDADO

• Zapata puede lavarse fácilmente con un paño húmedo.

UTILISATION ET ENTRETIEN

• Nettoyer la chaussure en frottant avec un linge humide.

PELLEGEHWEISE

• Der Schuh kann zum Reinigen mit einem feuchten Tuch abgewischt werden.

ADVERTENCIA: Si experimenta dolores, hinchazón, cambios de sensibilidad o cualquier reacción física de lo común mientras utiliza este producto consulte de inmediato con un profesional médico.

AVISO: Si bien se han hecho todos los esfuerzos por asegurar las técnicas de fabricación y el control de calidad, el fabricante no garantiza la función o el rendimiento de este producto. El fabricante no garantiza alguna de sus características durante el empleo de este producto.

AVERTISSEMENT: EN CAS DE DOULEUR, D'IRRITATION, D'ALTÉRATION DE LA SENSATION OU DE TOUTE AUTRE RÉACTION ANORMALE LORS DE L'UTILISATION DE CE PRODUIT, SE METTRE EN RAPPORT IMMÉDIATEMENT AVEC LE PROFESSIONNEL DE LA SANTÉ CONCERNÉ.

AVIS: BIEN QUE TOUTES LES TECHNIQUES DE FABRICATION AIENT ÉTÉ UTILISÉES AFIN D'ASSURER LA QUALITÉ ET LE NIVEAU DE SÉCURITÉ DE CE PRODUIT, LE FABRICANT NE GARANTIT AUCUNE GARANTIE DE PERFORMANCE DURANT L'UTILISATION DE CE PRODUIT.

WAHNSINNESES SOLLTEN BEIM GEBRAUCH SCHMERZEN, SCHWELLEN ODER ERGEBNISÄNDERUNGEN ODER UNGEWÖHNLICHE REAKTIONEN AUFTRETEN. IST UNTERSUCHUNG DER BEHANDLUNG DURCH EINEN ARZT ZU ZUSUCHEN.

HINWEIS: OBWOHL ALLE ANSTRENGUNGEN UNTERNOMMEN WURDEN, ÜBTER EINSAITZ KONTROLLIERTE VERFAHREN MAJUALE KOMPATIBILITÄT VON FUNKTION FESTEIGKEIT HALTBARKEIT UND OPTIMALEN SITZ ZUERZEILEN, KANN KEINE GARANTIE GEGEBEN WERDEN, DASS DURCH DIE ANWENDUNG DIESES PRODUKTS VERLETZUNGEN VERMEIDEN WERDEN KÖNNEN.

NOTIFICATION OF INTENT TO APPEAL
(Request For Formal Complaint Forms)

Notice to Customer

If you sign and return this form you are notifying the Public Utility Commission that you intend to appeal this informal complaint decision. Do not return this form unless you want to appeal this decision.

If you want to appeal this decision, you must return this Notification of Intent to Appeal form within twenty days of this date: May 5, 2003. The Commission will send you formal complaint forms.

You must comply with the terms of this decision until the Public Utility Commission completes the formal complaint process. You must make all of the required payments, or the utility company may pursue the termination of your service.

Thank You
Pennsylvania Public Utility Commission

Yes, I want to appeal the decision of the Bureau of Consumer Services. Please send formal complaint forms to me at the following address:

Customer name and address
(Please correct any mistakes.)

CELESTINE T RANSOM
2610 S HOBSON ST
PHILADELPHIA PA 19142

*My phone number is
215-473-6576*

(Area Code) Telephone Number

Celestine Ransom
Signature

Mail this completed form to

SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265
HARRISBURG PA 17105-3265

FOR OFFICE USE ONLY	
BCS Number: 1121088	Date of mailing: May 5, 2003
Company: PHILADELPHIA GAS WORKS	

REVISED 11-97

RECEIVED
2003 MAY 23 PM 1:32
SECRETARY'S BUREAU
15

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

CELESTINE T RANSOM
2610 S HOBSON ST
PHILADELPHIA PA 19142

PHILADELPHIA GAS WORKS

BCS No. 1121088

Account Number. 7120293915

Decision On Informal Complaint By The Bureau Of Consumer Services:

Statement Of Complaint:

A summary of the customer's complaint is as follows:

The customer states she lived at 2230 S Hobson St and there was a gas leak in 1998. PGW came and worked on the problem. She said in February 2002 she also applied for service at 2610 Hobson St.

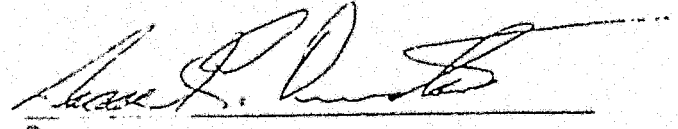
Investigation By Staff Of The Bureau Of Consumer Services Revealed:

1. That the customer had gas service at 2230 S Hobson St from August 5, 1997 to June 21, 1999 and the customer's bills are based on actual meter readings. The December to January bill is slightly higher than normal but not substantially.
2. That the customer has gas service at 6335 Reedland St from September 28, 1999 to May 31, 2000 and the bills are based on actual meter reading.
3. That the customer then established service at 2610 S Hobson St on March 5, 2001 to the present and all bills are based on actual meter readings. The customer is enrolled in the Customer Responsibility Program (CRP) with a base CRP amount of \$30.00.
4. That the customer is enrolled in the CRP program but has defaulted in the amount of \$576.68.
5. That as of April 30, 2003 the customer's account balance is in the amount of \$3474.29.

Therefore It Is Decided:

1. That the customer's bills are correct as rendered.
2. That the customer must re-certify for the CRP program and pay \$576.68, and then if eligible the customer will be reinstated into CRP. The re-certification and payment must be completed by June 2, 2003.
3. That failure to re-certify and pay the \$576.68 could result in the termination of the customer's service.

May 5, 2003
Date



Signature

ISAAC R DUNSTAN
Utility Complaint Investigator
Bureau of Consumer Services
PA Public Utility Commission

Southwest Foot & Ankle Center
2601 Locust Avenue • Philadelphia, PA 19153 • 215 305 1400

William Croce, DPM

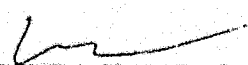
PT: Celestina Ransome AGE _____
ADDRESS _____ DATE 4/18/07

R

init to surgical shoe
12 foot

104 989.7

SUBSTITUTION
PERMISSIBLE



REFILL _____ TIMES

DEA NO. _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.



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

IN REPLY PLEASE
REFER TO OUR FILE

APRIL 29, 2003

BCS #1121088

CELESTINE I RANSOME
2610 HOBSON STREET I
PHILADELPHIA PA 19142

Dear MS RANSOME:

This is in response to the informal complaint you filed with the Bureau of Consumer Services against PGW on April 11, 2002. Briefly, your complaint was that you previously lived at 2230 Hobson Street until there was a gas leak in 1998. You stated that in February 2002 you applied for service at 2610 Hobson Street and was advised by the company that you already had service in your name at that address.

I have been in touch with PGW on your behalf and it reported that you were a customer of record at 2230 Hobson Street from November 13, 1995 until June 21, 1999 when PGW shut off the gas at your request. You also had service at 6335 Reedland Street from November 4, 1999 to February 9, 2001. Your service was turned on at 2610 Hobson Street on March 5, 2001 and is currently active.

Perhaps as a result of the above, your concerns have been satisfied. If that is not the case, however, or if you need payment arrangements, please call me at 1-800-782-1110 or 717-783-5236 within ten days of the date of this letter. If I do not hear from you within ten days, I will assume your concerns have been satisfied and will either close your complaint or will issue a payment arrangement decision, if appropriate.

Sincerely,

Isaac Dunstan
Investigator, Informal Complaint Unit
Bureau of Consumer Services

800 782



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

6/17/03

IN REPLY PLEASE
REFER TO OUR FILE

May 28, 2003

BCS 1121088

CELESTINE T. RANSOM
2610 S HOBSON'S STREET
PHILADELPHIA PA 19142

Dear Sir/Madam:

We have received your request to appeal the decision of the Bureau of Consumer Services.

We have enclosed one complaint form for you to complete. Please read carefully the instructions to help you complete the form.

** Please make sure you sign the form. We must receive your original signature in order for us to process your complaint. Your form will be returned to you if an original signature is not received.

Return the form to us on or before June 17, 2003 to the address listed below.

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

While you wait for us to reach a decision on your complaint, you must pay all undisputed bills (ones that are not a part of your complaint). As long as you pay all undisputed bills and return these formal complaint forms to us on time, the company is not permitted to terminate your service.

Commission Procedures for Formal Complaints

- We send a copy of this letter to the company so they know you are appealing the Bureau of Consumer Services' decision;
- We also send the company a copy of your completed formal complaint forms. Once they receive it, they have 20 days to send us an answer to your complaint. The company will send you a copy of their answer.
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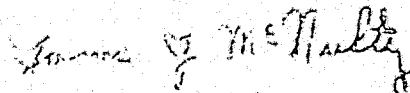
Office of Administrative Law Judge
Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

YOU SHOULD INCLUDE YOUR DAYTIME TELEPHONE NUMBER IN YOUR LETTER. DEPENDING ON YOUR REASON FOR NOT BEING ABLE TO ATTEND THE SCHEDULED HEARING, YOUR REQUEST TO CHANGE THE HEARING MAY OR MAY NOT BE APPROVED. WE WILL LET YOU KNOW OUR DECISION ON YOUR REQUEST FOR CHANGING THE HEARING DATE BEFORE THE DATE OF THE HEARING.

YOU MUST ATTEND SCHEDULED HEARINGS IN PERSON OR BY PHONE. IF YOU DO NOT ATTEND, YOUR COMPLAINT MAY BE DISMISSED (THROWN OUT).

If you have any questions about the complaint process, please call the Bureau of Consumer Services, toll free, at 1-800-782-1110.

Very truly yours,



James J. McNulty
Secretary

nvi

CC: PHILADELPHIA GAS WORKS

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: JUNE 23, 2003

CELESTINE RANSOME
Complainant

VS.

PHILADELPHIA GAS WORKS
Respondent

Complaint Docket
No: F-01121088

COMPLAINT
FILED

JUN 23

FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

TO: PHILADELPHIA GAS WORKS

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,

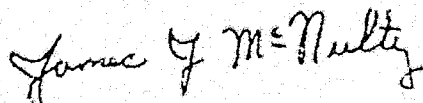
1. You have twenty (20) days from the date on which this complaint is served to either satisfy this complaint or to file with the Secretary of the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105-3265, an answer (original and three copies), in writing, under oath, which, as 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

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

DATE SERVED: JUNE 23, 2003

F-01121088

LAURETO FARINAS ESQUIRE
PHILADELPHIA GAS WORKS
800 W MONTGOMERY AVE
PHILADELPHIA PA 19122-2898

DOCUMENT
JUN 23 2003

Dear Sir/Madam:

A complaint has been filed against you before the Pennsylvania Public Utility Commission by CELESTINE RANSOME. 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.

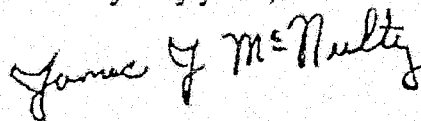
JUNE 23, 2003

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". The signature is written in dark ink and is positioned above the printed name and title.

James J. McNulty
Secretary

KSB

ORIGINAL

Philadelphia Gas Works
Legal Department



800 W. Montgomery Avenue, Philadelphia, PA 19122
Fax. (215) 684-6798

Hector Ferrer
Legal Assistant
Direct Dial: 215-684-6533
E-mail: hector.ferrer@pgworks.com

July 24, 2003

James McNulty, Secretary
Pennsylvania Public Utility Commission
Room B-20, North Office Building
Harrisburg, PA 17105-3265

JUL 24 2003

PA PUBLIC UTILITY COMMISSION
SECRETARY'S OFFICE

RE: Celestine Ransome v. Philadelphia Gas Works, Docket No. F - 01121088

Dear Secretary McNulty:

Pursuant to 52 Pa. Code §5.61, the Philadelphia Gas Works ("PGW") hereby files the original and three (3) copies of its Answer to the Complaint.

If additional information is needed about this matter, please contact me at my direct-dial number above. Thank you for your assistance.

Sincerely,

Hector Ferrer

Enclosures

cc: Celestine Ransome
Anne Cromley
Laureto Farnas, Esq

DOCUMENT
FOLDER

113

ORIGINAL

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

JUL 24 2003

Celestine Ransome

v.

Philadelphia Gas Works

:
:
:
:
:

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Docket No. F - 01121088

Answer Of Philadelphia Gas Works

Pursuant to 52 Pa. Code §5.61, the Philadelphia Gas Works ("PGW") hereby answers the Complaint filed in the above captioned matter. PGW hereby avers the following

1. Admitted.
2. Admitted.
3. Denied. PGW denies any liability for any medical condition experienced by the Complainant. PGW records do not show that an emergency leak call had been made on the Complainant's service address 2610 Hobson Street. PGW is attempting to make contact with the Complainant to ascertain clarity on the exact nature of the complaint.

PGW account records show that the Complainant is in default on payments in the Customer Responsibility Program ("CRP") as shown in the statements of bills and payments for the Complainant's current address 2610 Hobson Street and previous address 2230 Hobson Street. These are attached hereto as Exhibit "A". The total account balance as of 6/25/03 is in the amount of \$3538.69. The Complainant would need to pay \$641.08 to cure the defaulted CRP payments. A decision of the Bureau of Consumer Services ("BCS") dated 4/29/03, which is appended to the Complaint concerned a billing dispute involving an additional service address 6335 Reedland Street. The BCS decision found that the Complainant's bills are correct as rendered and ordered that the Complainant must recertify for CRP by June 2, 2003 and pay the amount of \$576.68 to cure missed CRP payments up to that date.

DOCUMENT
FOLDER

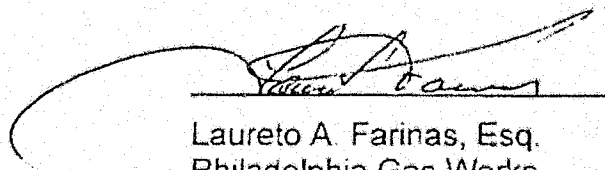
DOCKETED
JUL 31 2003

4. Denied. The averments in Paragraph 4 of the Complaint are conclusions and requests for relief to which no response is required. PGW therefore denies the averments in Paragraph 4.

Wherefore, PGW respectfully requests that this Commission find against the Complainant and affirm the decision of the BCS in this matter.

Respectfully submitted,

July 24, 2003

A handwritten signature in black ink, appearing to read "Laureto A. Farinas", is written over a horizontal line. The signature is stylized and cursive.

Laureto A. Farinas, Esq.
Philadelphia Gas Works
800 W. Montgomery Avenue
Philadelphia, PA 19122

Exhibit A

BILLS FROM 01/01/1996 TO 07/24/2003

Account # 7120293915

Customer Name RANSON CELESTINE T

Customer Address 2610 S HOBSON ST PHILA, PA

Bill Cycle 19

BILLS

Service Agreement	Meter #	Bill Start Date	Bill End Date	Bill Due Date	Meter Read Start	Meter Read End	Usage (CCF)	Road Code	Bill Amount	Bill Cancelled	Closing Bill	CRP Monthly Amount	Easyway Current Month	Eway Curr Amt	Days
1859371540	1511946	05/28/2003	06/25/2003	07/23/2003	5710	5734	24	Regular	\$30.00	No	No	\$30.00	0	\$0.00	28
1859371540	1511946	04/28/2003	05/28/2003	06/24/2003	5656	5710	54	Regular	\$34.40	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	03/27/2003	04/28/2003	05/23/2003	5563	5656	93	Regular	\$30.00	No	No	\$30.00	0	\$0.00	32
1859371540	1511946	02/26/2003	03/27/2003	04/23/2003	5447	5563	116	Regular	\$30.00	No	No	\$30.00	0	\$0.00	29
1859371540	1511946	01/28/2003	02/26/2003	03/25/2003	5246	5447	201	Regular	\$48.36	No	No	\$30.00	0	\$0.00	29
1859371540	1511946	12/27/2002	01/28/2003	02/25/2003	5018	5246	228	Regular	\$44.78	No	No	\$30.00	0	\$0.00	32
1859371540	1511946	11/25/2002	12/27/2002	01/27/2003	4846	5018	172	Regular	\$48.36	No	No	\$30.00	0	\$0.00	32
1859371540	1511946	10/24/2002	11/25/2002	12/23/2002	4759	4846	87	Regular	\$30.00	No	No	\$30.00	0	\$0.00	32
1859371540	1511946	09/24/2002	10/24/2002	11/20/2002	4745	4759	14	Regular	\$30.00	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	08/23/2002	09/24/2002	10/21/2002	4725	4745	20	Regular	\$30.00	No	No	\$30.00	0	\$0.00	32
1859371540	1511946	07/25/2002	08/23/2002	09/20/2002	4709	4725	16	Regular	\$30.00	No	No	\$30.00	0	\$0.00	29
1859371540	1511946	06/26/2002	07/25/2002	08/20/2002	4694	4709	15	Regular	\$30.00	No	No	\$30.00	0	\$0.00	29
1859371540	1511946	05/24/2002	06/26/2002	07/24/2002	4666	4694	28	Regular	\$32.25	No	No	\$30.00	0	\$0.00	33
1859371540	1511946	04/25/2002	05/24/2002	06/21/2002	4614	4666	52	Regular	\$30.00	No	No	\$30.00	0	\$0.00	29
1859371540	1511946	03/26/2002	04/25/2002	05/21/2002	4541	4614	73	Regular	\$30.00	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	02/26/2002	03/26/2002	04/23/2002	4417	4541	124	Regular	\$30.00	No	No	\$30.00	0	\$0.00	28
1859371540	1511946	01/28/2002	02/26/2002	03/25/2002	4265	4417	148	Regular	\$30.00	No	No	\$30.00	0	\$0.00	29
1859371540	1511946	12/27/2001	01/28/2002	02/25/2002	4063	4265	206	Regular	\$30.00	No	No	\$30.00	0	\$0.00	32
1859371540	1511946	11/27/2001	12/27/2001	01/24/2002	3945	4063	118	Regular	\$42.93	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	10/26/2001	11/27/2001	12/21/2001	3864	3945	81	Regular	\$30.00	No	No	\$30.00	0	\$0.00	32
1859371540	1511946	09/26/2001	10/26/2001	11/26/2001	3820	3864	44	Regular	\$30.00	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	08/27/2001	09/26/2001	10/24/2001	3802	3820	18	Regular	\$30.00	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	07/27/2001	08/27/2001	09/24/2001	3784	3802	18	Regular	\$30.00	No	No	\$30.00	0	\$0.00	31
1859371540	1511946	06/27/2001	07/27/2001	08/23/2001	3762	3784	22	Regular	\$33.49	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	05/25/2001	06/27/2001	07/25/2001	3736	3762	26	Regular	\$30.00	No	No	\$30.00	0	\$0.00	33
1859371540	1511946	04/26/2001	05/25/2001	06/25/2001	3717	3736	19	Regular	\$30.00	No	No	\$30.00	0	\$0.00	29
1859371540	1511946	03/27/2001	04/26/2001	05/22/2001	3650	3717	67	Regular	\$30.00	No	No	\$30.00	0	\$0.00	30
1859371540	1511946	03/05/2001	03/27/2001	04/24/2001	3560	3650	90	Regular	\$30.00	No	No	\$30.00	0	\$0.00	22

PAYMENTS FROM 01/01/1996 TO 07/24/2003

Account # 7120293915

Customer Name RANSON, CELESTINE T

Customer Address 2610 S HOBSON ST/PHILA, PA

Bill Cycle: 19

PAYMENTS

Service Agreement ID	Pay Amount	Pay Date	Pay Status	Late Pay Charge	Utility Type	Grant Type	Pay Source Code
1859371540	\$541 00	01/10/2003	F	SC 00	G	LIHE	GRN
1859371540	\$395 00	11/09/2001	F	SC 00	G	LIHE	GRN
1859371540	\$0 35	07/19/2001	F	SC 00	G		REM

BILLS FROM 01/01/1996 TO 07/24/2003

Account # 7120293915

Customer Name: RANSON, CELESTINE T

Customer Address: 2230 S HOBSON ST/PHILA, PA

Bill Cycle: 19

BILLS

Service Agreement	Meter #	Bill Start Date	Bill End Date	Bill Due Date	Meter Read Start	Meter Read End	Usage (CCF)	Read Code	Bill Amount	Bill Cancelled	Closing Bill	CRP Monthly Amount	Easyway Current Month	Easyway Curr Amt	Days
9961752398	1883028	05/26/1999	06/21/1999	07/21/1999	2724	2746	22	Regular	\$24.21	No	Yes	\$0.00	0	\$0.00	27
9961752398	1883028	04/15/1999	05/26/1999	06/22/1999	2617	2724	107	Regular	\$91.00	No	No	\$0.00	0	\$0.00	42
9961752398	1883028	03/22/1999	04/15/1999	05/15/1999	2513	2617	104	Regular	\$86.57	No	No	\$0.00	0	\$0.00	25
9961752398	1883028	02/22/1999	03/22/1999	04/16/1999	2314	2513	199	Regular	\$155.82	No	No	\$0.00	0	\$0.00	29
9961752398	1883028	01/28/1999	02/22/1999	03/20/1999	2158	2314	156	Regular	\$130.85	No	No	\$0.00	0	\$0.00	26
9961752398	1883028	12/26/1998	01/28/1999	02/26/1999	1929	2158	229	Regular	\$197.15	No	No	\$0.00	0	\$0.00	34
9961752398	1883028	11/23/1998	12/26/1998	01/25/1999	1731	1929	198	Regular	\$173.24	No	No	\$0.00	0	\$0.00	34
9961752398	1883028	10/23/1998	11/23/1998	12/21/1998	1571	1731	160	Regular	\$140.76	No	No	\$0.00	0	\$0.00	32
9961752398	1883028	09/23/1998	10/23/1998	11/22/1998	1526	1571	45	Regular	\$42.46	No	No	\$0.00	0	\$0.00	31
9961752398	1883028	08/26/1998	09/23/1998	10/21/1998	1499	1526	27	Regular	\$27.07	No	No	\$0.00	0	\$0.00	29
9961752398	1883028	07/29/1998	08/26/1998	09/22/1998	1478	1499	21	Regular	\$21.95	No	No	\$0.00	0	\$0.00	29
9961752398	1883028	06/29/1998	07/29/1998	08/25/1998	1438	1478	40	Regular	\$38.19	No	No	\$0.00	0	\$0.00	31
9961752398	1883028	05/29/1998	06/29/1998	07/26/1998	1424	1438	14	System Estimate	\$15.97	No	No	\$0.00	0	\$0.00	32
9961752398	1883028	04/29/1998	05/29/1998	06/24/1998	1375	1424	49	Regular	\$45.88	No	No	\$0.00	0	\$0.00	31
9961752398	1883028	03/30/1998	04/29/1998	05/26/1998	1311	1375	64	Regular	\$58.70	No	No	\$0.00	0	\$0.00	31
9961752398	1883028	02/26/1998	03/30/1998	04/27/1998	1123	1311	188	Regular	\$164.69	No	No	\$0.00	0	\$0.00	33
9961752398	1883028	01/27/1998	02/26/1998	03/28/1998	915	1123	208	Regular	\$181.79	No	No	\$0.00	0	\$0.00	31
9961752398	1883028	12/26/1997	01/27/1998	02/23/1998	642	915	273	Regular	\$237.34	No	No	\$0.00	0	\$0.00	33
9961752398	1883028	11/21/1997	12/26/1997	01/25/1998	416	642	226	Regular	\$197.16	No	No	\$0.00	0	\$0.00	36
9961752398	1883028	10/23/1997	11/21/1997	12/21/1997	391	416	25	Regular	\$25.37	No	No	\$0.00	0	\$0.00	30
9961752398	1883028	09/24/1997	10/23/1997	11/22/1997	380	391	11	Regular	\$13.40	No	No	\$0.00	0	\$0.00	30
9961752398	1883028	08/26/1997	09/24/1997	10/21/1997	361	380	19	Regular	\$20.24	No	No	\$0.00	0	\$0.00	30
9961752398	1883028	08/05/1997	08/26/1997	09/22/1997	349	361	12	Regular	\$14.25	No	No	\$0.00	0	\$0.00	22

PAYMENTS FROM 01/01/1996 TO 07/24/2003

Account # 7120293915

Customer Name RANSON, CELESTINE T

Customer Address: 2230 S HOBSON ST/PHILA,PA

Bill Cycle 19

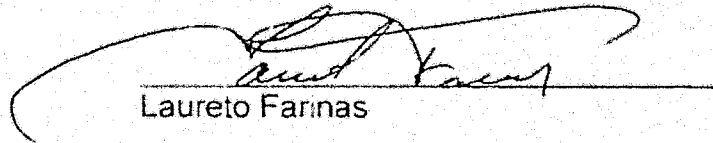
PAYMENTS

Service Agreement ID	Pay Amount	Pay Date	Pay Status	Late Pay Charge	Utility Type	Grant Type	Pay Source Code
9961752398	\$19.36	07/19/2001	F	\$19.36	G		RFM
9961752398	\$207.43	03/16/2001	F	\$81.93	G	LIHE	GRN
9961752398	\$174.70	03/02/2001	F	\$174.70	G		PPC
9961752398	\$300.00	04/07/2000	F	\$254.13	G	CRIS	GRN
9961752398	\$305.00	03/17/2000	F	\$254.13	G	LIHE	GRN
9961752398	\$42.00	04/20/1999	F	\$0.00	G		REM
9961752398	\$407.00	01/15/1999	F	\$0.00	G	LIHE	REM
9961752398	\$1.00	04/20/1998	F	\$0.00	G		REM
9961752398	\$30.00	02/17/1998	F	\$0.00	G		REM
9961752398	\$21.00	02/03/1998	F	\$0.00	G		REM
9961752398	\$18.26	12/07/1997	F	\$0.00	G		REM
9961752398	\$40.71	09/09/1997	F	\$0.00	G		REM
9961752398	\$250.00	09/09/1997	F	\$0.00	G	UESF	REM

VERIFICATION

I, Laureto Farinas, hereby declare that I am counsel to the Philadelphia Gas Works; that, as such, I am authorized to make this verification on its behalf, that the facts set forth in the foregoing Answer are true to the best of my knowledge, information and belief, and that I expect to be able to prove these at a hearing held in this matter. I make this verification subject to the penalties of 18 Pa. C.S. §4904, pertaining to false statements to authorities.

Date July 24, 2003


Laureto Farinas

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 §1 54 (RELATING TO SERVICE BY A PARTICIPANT).

Service List:

Complainant:

Celestine T. Ransome
2610 Hobson Street
Philadelphia, PA 19142

July 24, 2003

Laureto A. Farinas, Esq.
Philadelphia Gas Works
800 W. Montgomery Avenue
Philadelphia, PA 19122



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

September 9, 2003

In Re: F-01121088

(See attached list)

Celestine Ransome v. Philadelphia Gas Works

Wants gas leak in house fixed.

Hearing Notice

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

Type: Initial hearing
Date: Tuesday, January 6, 2004
Time: 10:00 a.m.
Location: In an available hearing room
Philadelphia State Office Building
Broad and Spring Garden Streets
Philadelphia, Pennsylvania
Presiding: Administrative Law Judge Herbert Smolen
1302 Philadelphia State Office Building
1400 West Spring Garden Street
Philadelphia, PA 19130
Telephone: (215) 560-2105
Fax: (215) 560-3133

DOCKETED

SEP 10 2003

DOCUMENT
FOLDER

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

If you intend to file exhibits, 2 copies of all hearing exhibits to be presented into evidence must be submitted to the reporter. An additional copy must be furnished to the Presiding Officer. A copy must also be provided to each party of record.

Individuals representing themselves do not need to be represented by an attorney. All others (corporation, partnership, association, trust or governmental agency or subdivision) must be represented by an attorney. An attorney representing you should file a Notice of Appearance before the scheduled hearing date.

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.
- AI&T Relay Service number for persons who are deaf or hearing-impaired: 1-800-654-5988.

pc: Judge Smolen
Herbert Nurick, Mediator
Judy W. Springer
Beth Plantz
Docket Section
Calendar File

F-01121088 Celestina Ransome v. Philadelphia Gas Works

Wants gas leak in house fixed.

CELESTINE RANSOME
2610 HOBSON STREET
PHILADELPHIA PA 19142

LAURETO A FARINAS ESQUIRE
PHILADELPHIA GAS WORKS
800 WEST MONTGOMERY AVENUE
PHILADELPHIA PA 19122

DOCKETED
OCT 21 2003

F001121088
Pls. file

FEE AGREEMENT

1. I have asked Thomas D. Sutton, Esquire to represent me in my claim for Social Security/Supplemental Security Income Benefits. My attorney has explained to me that I may be eligible to be represented by Legal Aid, at no charge

2. A. I understand that if a favorable decision is issued at the initial or reconsideration levels, or after an original decision by the Office of Hearings and Appeals, not subject to further appeal, the agreed upon fee shall be 25% of all past due benefits awarded to Claimant and any beneficiaries entitled to benefits under his/her account, or \$5,300.00, whichever is less.

B. I understand that if a favorable decision is issued by a Federal Court, or following an order of remand issued by a Federal Court, the agreed upon fee shall be 25% of all past due benefits awarded to Claimant and any beneficiaries entitled to benefits under his/her account (not subject to the \$5300.00 cap set forth above).

3. If I do not receive a favorable decision, I do not have to pay my attorney for any of his work.

4. I agree to pay all costs including but not limited to, medical records and reports, telephone calls, photocopying, travel expenses, transcript preparation, faxes, filing fees, exams and opinions of experts and the like. These costs shall be paid even if I receive no benefits for myself and my family.

5. I give my consent to my attorney to the release of any psychiatric records, medical records or any other records to Social Security in his discretion.

6. I have not been promised that I will win.

DOCUMENT

7. If my attorney decides not to take my case, I will be given an explanation in writing. If I lose, my attorney is not bound to take an appeal.

8. I shall at all times have the right to terminate my attorney's services upon written notice to that effect. My attorney shall have at all times the right to terminate his services upon written notice to that effect in the event that I either fail to cooperate with him in any reasonable request or if he

determines in his reasonable discretion that to continue his services to me would be unethical or impractical. In any event, my attorney shall have at all times the right to file a fee petition for the time spent in the preparation of my claim.

9. I understand that to be successful in my claim for Social Security Benefits I must cooperate fully and completely. If I do not cooperate, I understand that my attorney may decide to stop representing me.

10. If I receive Supplemental Security Income Benefits, the fee will not be withheld by Social Security. I promise to give 25% of my past due benefits to my attorney which will be deposited in an escrow (separate) account. This payment will remain in escrow until the fee has been approved pursuant to paragraph 2.

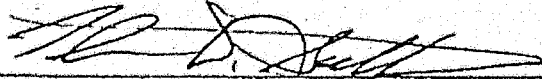
11. If I agreed to repay Welfare for the money they have given me, Welfare will pay my attorney 25% of the reimbursement that Welfare receives. My attorney must notify Welfare within 60 days of my favorable decision to receive this payment. In no event shall my attorney be entitled to a fee in excess of the limitations set forth in paragraph 2.

Date:

9/24/2003

Celestine Ransome

(Client)



Thomas D. Sutton, Esquire

Thomas Sutton meeting Social Security lawyer
Two Penn Center Suite
~~1500 JFK Boulevard~~
1500 JFK Boulevard
Phila Pa 19102

215
636 1500
FAX 215 636 0566

Mr. Parsons
Holmes St
Pa 19142

Attention for sending paperwork
my attorney Lawer

Mark C. Hanamurick

Suite 803

1608 Walnut Street

Philadelphia Pa. 19103

Mr. Parsons
Holmes St
Philadelphia Pa 19142

Commonwealth of Pennsylvania
Pennsylvania Public Utility
Commission Office of Administration
Law Judge P.O. Box Harrisburg
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Holison St
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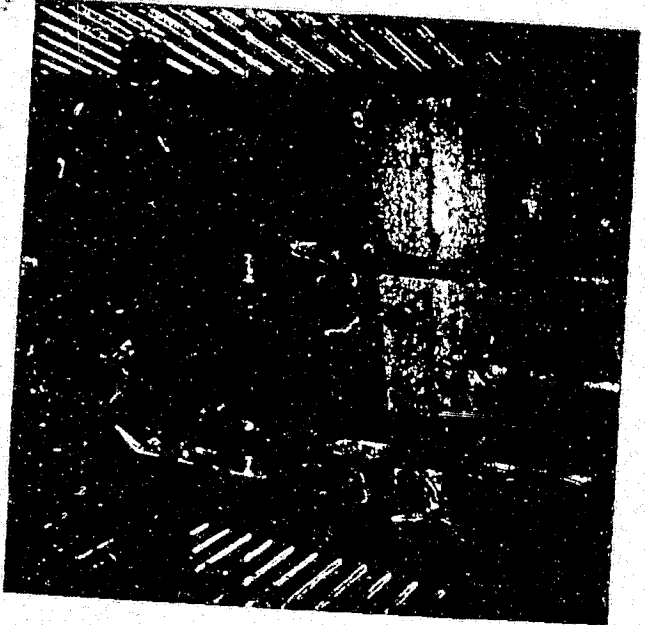
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Commonwealth of Pennsylvania
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Commission office of administration
Law Judge P.O. Box Harrisburg
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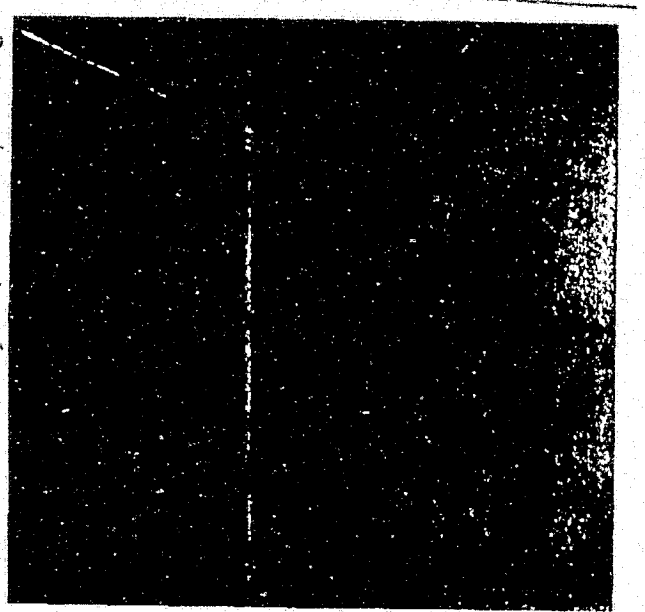
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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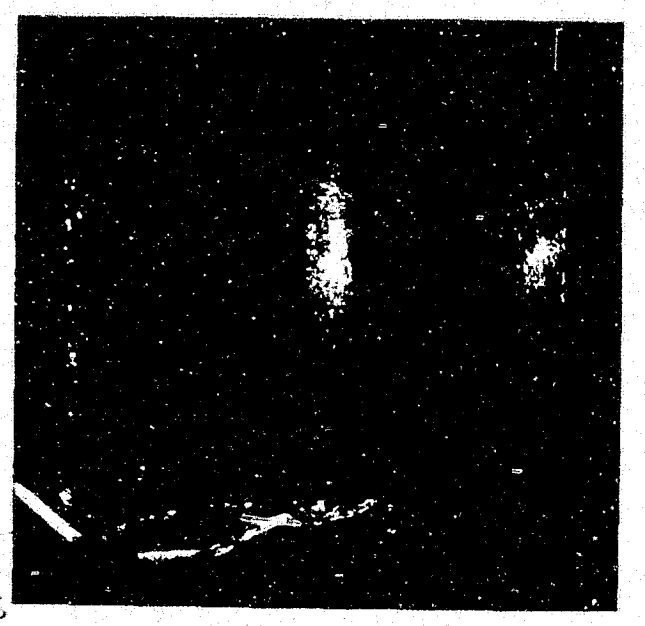
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Shower
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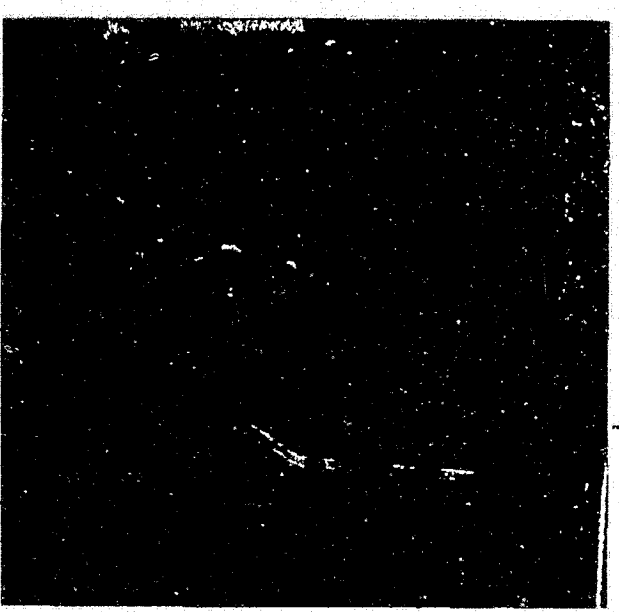
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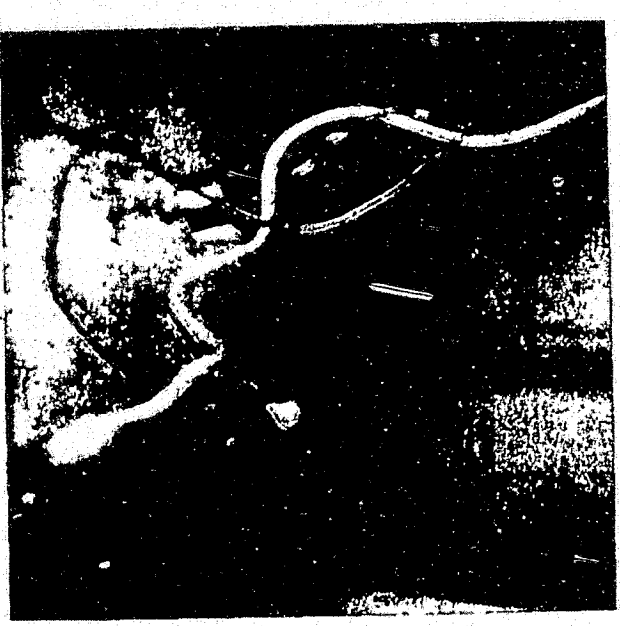
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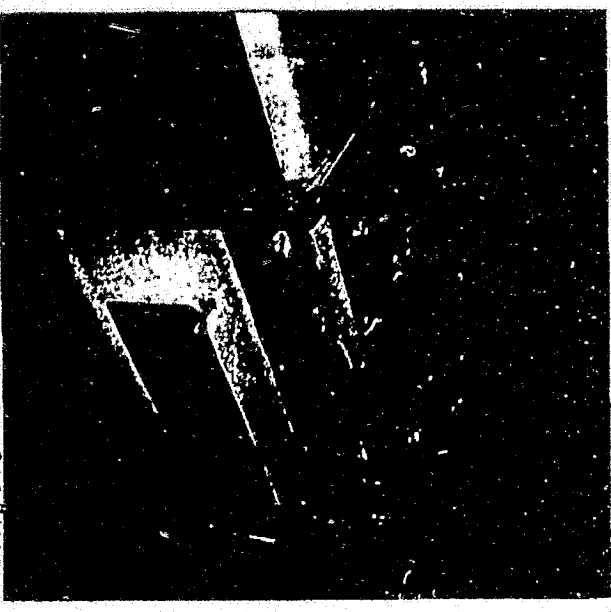
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POOR ORIGINAL

11/11/03 10:00 AM

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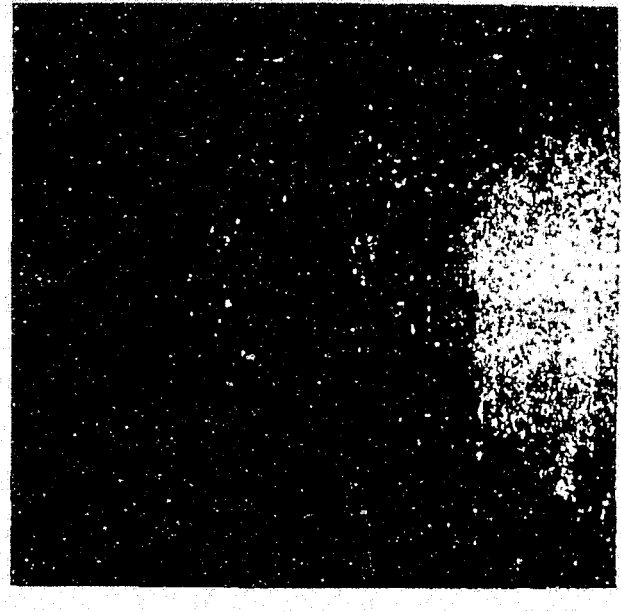


Cerestine Ransome living here then
Happen Dec 30 31
JAN, gas leaks doors open ground
one side step Hobson 2230 S

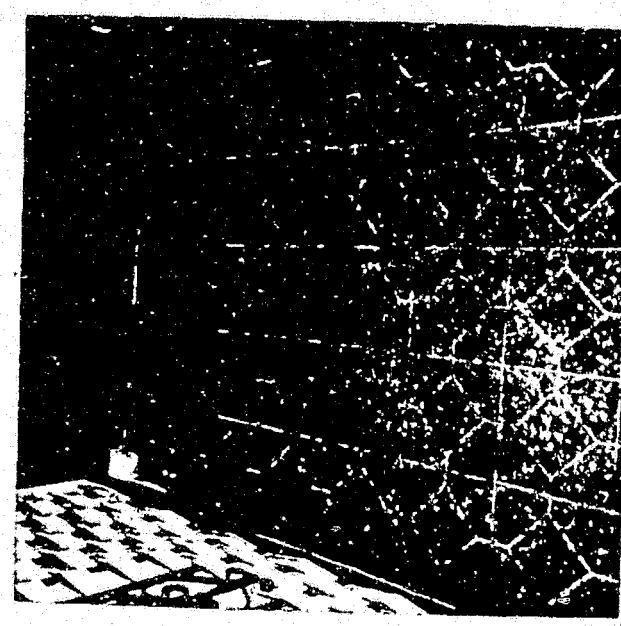


Cerestine Ransome then they put up wood
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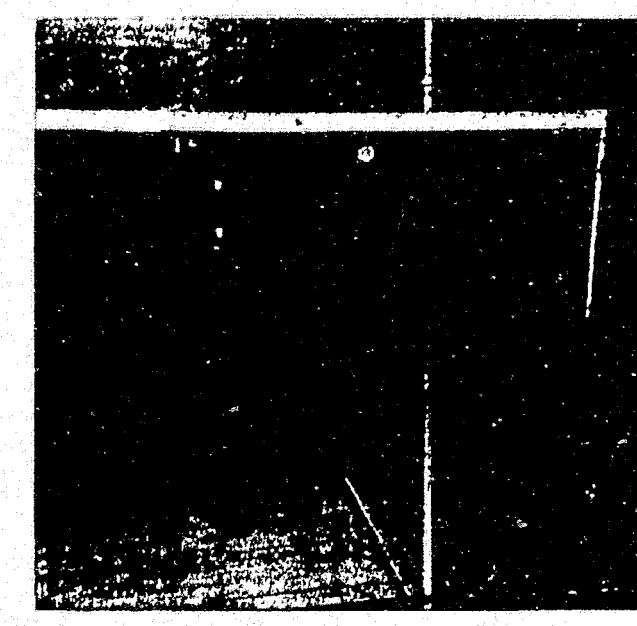
DOOR ORIGINAL



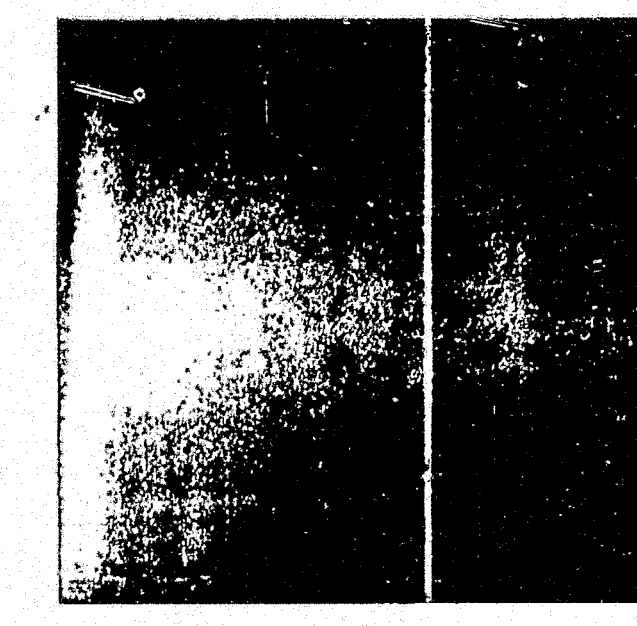
Cerestine Ransome then
2230 Hobson 2230 Hobson
inside street front door
2230 Hobson st
in front government across



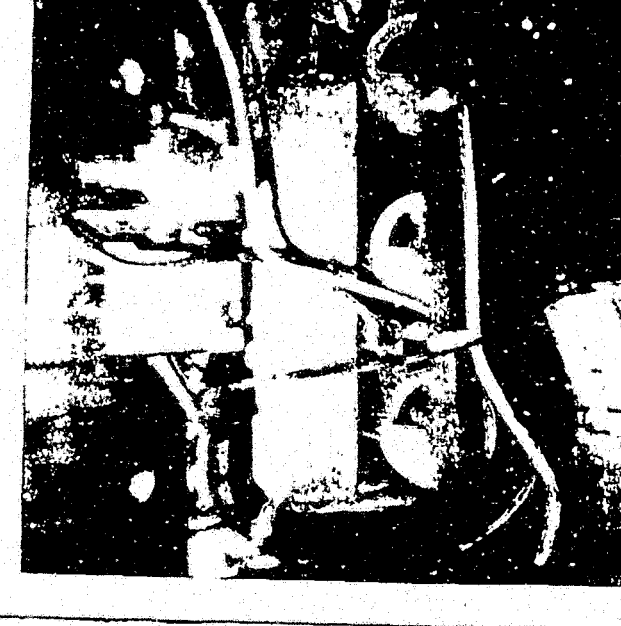
Cerestine Ransome Living there then
Gas outside front of my car porch
also car open around 2230 Hobson st



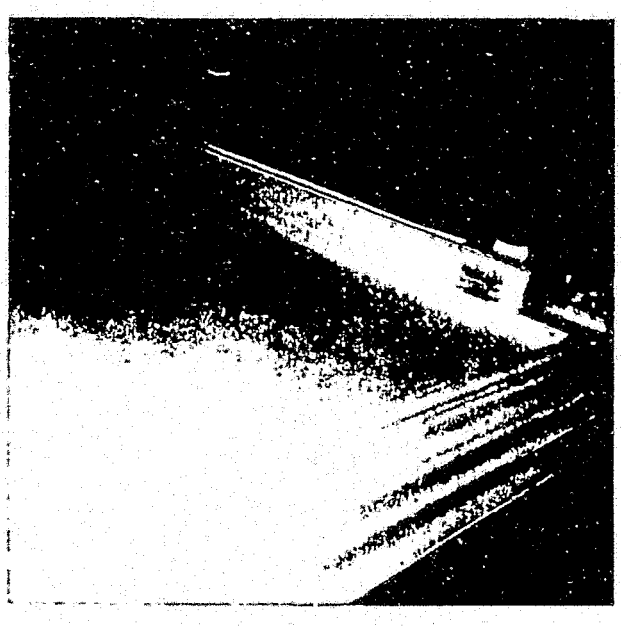
Best time New Door 2335 Resell and
Ransome front door
living door shed kitchen
Lindera 2230 2230 2230



Linowater
Linking seedline
water



Heater System
PARTS' Boole Gas company



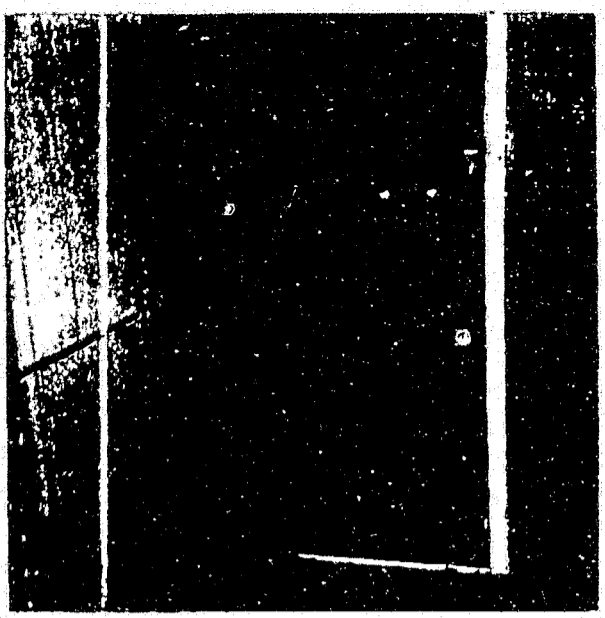
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Sheets

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OCT 21 2003
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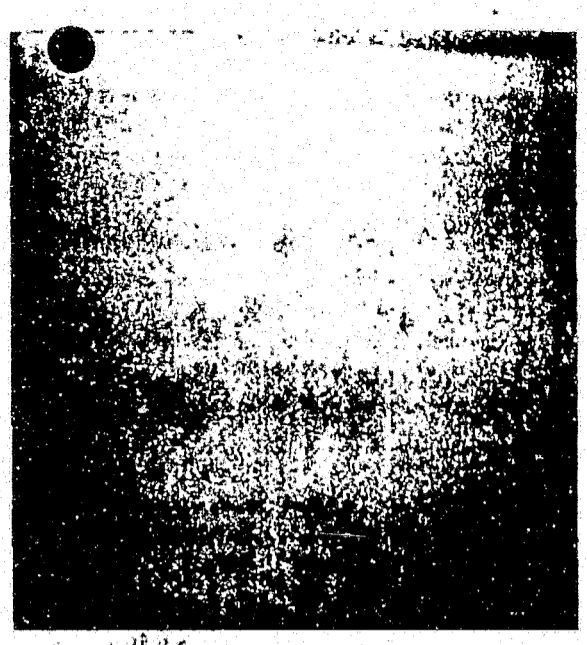
POOR ORIGINAL



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New Door 6335
Door Shed kitchen
hard take pull 13/1/79



Shower
Linking seal line
Water



why there then
if my description
number 233011850



Heater system
PARTS BACK GAS COMPRESSOR
FIX

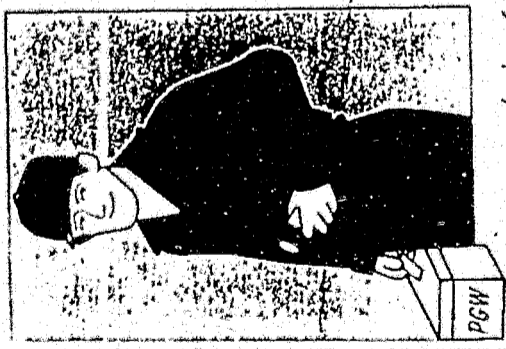


Month Just Duke
Heat Back Room
Cold Speed K
Wind

TURN VISIT
PHIA GAS WORKS



PH 6-90



gas: Dirty House
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Both
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Celestine
11:00 a.m. - 5:00 p.m.

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GAS RANGE
Heq Hh cond
1235-2050 to let us
in we may return
the service you
Gas Company
2230 Hobson
PHIA GAS WORKS



POOR ORIGINAL

OALJ Hearing Report

Please Check Those Blocks Which Apply

Docket No.:	F-01121088		YES	NO
Case Name:	Celestine Ransome v. Philadelphia Gas Works	Prehearing Held:	<input type="checkbox"/>	<input type="checkbox"/>
		Hearing Held:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Testimony Taken:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Transcript Due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Hearing Concluded:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location:	Philadelphia, PA	Further Hearing Needed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date:	January 6, 2004	Estimated Add'l Days:		
ALJ:	Herbert Smolen	RECORD CLOSED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reporting Firm:	Sargents Court Reporting Service, Inc.	DATE:	1-6-04	
		Briefs to be Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		DATE:		
		Bench Decision:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		REMARKS:		

DOCUMENT

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

Name and Telephone Number	Address	Who are you representing?
Laureto Farinas 215-684-6982	800 W. Montgomery Ave. Phila PA 19122 <small>City State Zip</small> laureto.farinas@pgworks.com	Phila Gas Works 215-684-6798
Telephone:	E-mail Address:	Fax Number:
	<small>City State Zip</small>	
Telephone:	E-mail Address:	Fax Number:
	<small>City State Zip</small>	
Telephone:	E-mail Address:	Fax Number:

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

Christina J.V. Payne
Reporter's Signature

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