

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: 02/09/06
8. DOCKET NO: F-02019690	:	9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT: NEILSON, MARY S.

RESPONDENT/APPLICANT: PECO ENERGY COMPANY

COMP/APP COUNTY: DELAWARE

UTILITY CODE: 110550

ALLEGATION OR SUBJECT

COMPLAINANT STATES SHE WOULD LIKE AN EMERGENCY MEDICAL CERTIFICATE. SHE WOULD LIKE THE PUC TO EMERGENCY MEDICAL CERTIFICATE PLACED ON ACCOUNT AND TO HAVE PAYMENT AGREEMENT LOWERED.

DOCUMENT FOLDER

DOCKETED
FEB 1 2006

Must be returned by FEBRUARY 10, 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

Please print or type.

1. CUSTOMER NAME (COMPLAINANT) F-02019690

Your name, mailing address, county, telephone number, utility account number and service address:

Name Mary S. Nelson

Street/P.O. Box 163 Chadwick Ave Apt # _____

City Linwood State PA Zip 19061

County Delaware

Area Code/HOME Phone 610-864-8145

Area Code/WORK Phone 610-

Utility Account Number 50-18-50-872596
(from your bill)

RECEIVED

FEB 9 2006

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

If your complaint involves utility service provided to a different address than your mailing address, please list this information below.

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PECO energy

ORIGINAL

18

3. TYPE OF UTILITY (check one)

- | | |
|--|---|
| <input checked="" type="checkbox"/> ELECTRIC | <input type="checkbox"/> STEAM HEAT |
| <input type="checkbox"/> GAS | <input type="checkbox"/> WASTE WATER |
| <input type="checkbox"/> WATER | <input type="checkbox"/> MOTOR CARRIER
(taxi, moving company, limousine) |
| <input type="checkbox"/> TELEPHONE
(local, long distance) | |

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.

- Other. I want to appeal the denial PECO put (explain) on a medical emergency certificate for my daughter, who has Asthma + needs a breathing machine.
- B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

My daughter has Asthma, which is a life threatening illness. She has been hospitalized 2 times in 3 years because of this. When it is very cold, or very hot, she ~~has~~ loses her breath very quickly + easily. We need our electricity on at all times so she can take breathing treatments w/ her nebulizer. PECO denied our last medical emergency certificate, which puts my daughters life in danger (She is only 10⁵ years old - DOB: 12-2-95).

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I need PECO to keep my electricity turned on so my daughter can use her breathing machine. I also need my payment agreement lowered (from \$265.00 mo current arrangement) because I am a single mother + cannot always keep that payment amount. I would like the arrangement to be lowered to under \$200.00 per month, plus when I have extra I will mail it out when I can.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES (includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided

Verification:

I Mary S. Nelson, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Mary S. Nelson
(Signature)

12/5/06
(Date)

9. LEGAL REPRESENTATION (IF ANY)

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

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

CONCORDVILLE MEDICAL ASSOCIATES
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
MARTA MOTEL, D.O.

DEA # _____ LIC. # OS006891L
MELISSA P. BROYLES, D.O.

DEA # _____ LIC. # OS006837L
MICHAEL R. WISSER, D.O.

DEA # _____ LIC. # OS006868L
CLINICAL CARE ASSOCIATES
738 BALTIMORE PIKE, P.O. BOX 915
CONCORDVILLE, PA 19331-0915
(610) 459-3862

NAME Veronica Neilson AGE _____
ADDRESS _____ DATE 10/10/05

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

B

Albuterol MDI
2 puffs q 40 min
15 min pre exercise

REFILL 2 TIMES

LABEL

SUBSTITUTION PERMISSIBLE

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.

5DFP0190973

↑
Rescue inhaler
1 for home, 1 for school

Copys of my daughters
Rx for her asthma medication

CONCORDVILLE MEDICAL ASSOCIATES
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
MARTA MOTEL, D.O.

DEA # _____ LIC. # OS006891L
MELISSA P. BROYLES, D.O.

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CLINICAL CARE ASSOCIATES
738 BALTIMORE PIKE, P.O. BOX 915
CONCORDVILLE, PA 19331-0915
(610) 459-3862

NAME Veronica Neilson AGE _____
ADDRESS _____ DATE 10/10/05

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

B

Albuterol Nes Soln.
2.5mg/3cc
1 vial q 40 min
2 # 50

REFILL 2 TIMES

LABEL

SUBSTITUTION PERMISSIBLE

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

5DFP0190973

↑
for her breathing machine

Neilson

This is a copy of my Total Wages For 2005

1040A U.S. Individual Income Tax Return (99) 2005

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Your first name and initial Last name
 Mary S Neilson
 If a joint return, spouse's first name and initial Last name
 Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
 163 Chadwick Avenue
 City, town or post office. If you have a foreign address, see instructions. State ZIP code
 Linwood PA 19061

Your social security number
 200-62-3591
 Spouse's social security number
 You must enter your SSN(s) above
 Checking a box below will not change your tax or refund

* NOT including Child Support

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) You Spouse
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
 5 Qualifying widow(er) with dependent child (see instructions)

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 Boxes checked on 6a and 6b 1

b Spouse
 c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of children on 6c who: <input type="checkbox"/> lived with you <input checked="" type="checkbox"/> did not live with you due to divorce or separation
Jessica M Neilson	183-76-2951	Daughter	<input checked="" type="checkbox"/>	1

Dependents on 6c not entered above
 Add numbers on lines above 2

d Total number of exemptions claimed 2

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	6,494.
8a Taxable interest. Attach Schedule 1 if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule 1 if required	9a	
b Qualified dividends (see instructions)	9b	
10 Capital gain distributions (see instructions)	10	
11a IRA distributions	11a	
11b Taxable amount	11b	
12a Pensions and annuities	12a	
12b Taxable amount	12b	
13 Unemployment compensation and Alaska Permanent Fund dividends	13	
14a Social security benefits	14a	
14b Taxable amount	14b	
15 Add lines 7 through 14b (far right column). This is your total income	15	6,494.
16 Educator expenses (see instructions)	16	
17 IRA deduction (see instructions)	17	
18 Student loan interest deduction (see instructions)	18	
19 Tuition and fees deduction (see instructions)	19	
20 Add lines 16 through 19. These are your total adjustments	20	
21 Subtract line 20 from line 15. This is your adjusted gross income	21	6,494.

Form 1040A (2005)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

M. Neilson

STATEMENT OF ACCOUNT

Wawa Employees' Credit Union

260 W Baltimore Pike • Wawa, PA 19063-5699
Phone (610) 358-8030

PAGE NUMBER	2
PREVIOUS STATEMENT	DEC 31, 2005
PERIOD ENDING	JAN 31, 2006
MEMBER NUMBER	100651
SOCIAL SECURITY	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

MARY S NEILSON

The weather will be breaking soon. Why not break ground on an addition to your home or just fix up the outside. Visit our web site for all our current rates. www.wawacu.com

DATE	REMARKS	AUDIT	PAYMENTS, CREDITS OR NEW LOAN	FINANCE CHARGE	PRINCIPAL BALANCE
	WAWA #007 LINWOOD PA				
JAN 12	ATM WITHDRAWAL AT MACHINE# 18516--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18517--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18518--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18519--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18520--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18521--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18522--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18523--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18524--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18525--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18526--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18527--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18528--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18529--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18530--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18531--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18532--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18533--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18534--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18535--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18536--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18537--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18538--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18539--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18540--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18541--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18542--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18543--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18544--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18545--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18546--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18547--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18548--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18549--				
JAN 17	ATM WITHDRAWAL AT MACHINE# 18550--				
JAN 25	ACH CR- PA-SCDU CHLD. SUPPT		255.24		
JAN 27	ATM WITHDRAWAL AT MACHINE# 26130--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27151--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27152--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27153--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27154--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27155--				
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JAN 27	ATM WITHDRAWAL AT MACHINE# 27161--				
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JAN 27	ATM WITHDRAWAL AT MACHINE# 27163--				
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JAN 27	ATM WITHDRAWAL AT MACHINE# 27165--				
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JAN 27	ATM WITHDRAWAL AT MACHINE# 27171--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27172--				
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JAN 27	ATM WITHDRAWAL AT MACHINE# 27188--				
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JAN 27	ATM WITHDRAWAL AT MACHINE# 27190--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27191--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27192--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27193--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27194--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27195--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27196--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27197--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27198--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27199--				
JAN 27	ATM WITHDRAWAL AT MACHINE# 27200--				

Every 2 weeks direct deposit

POOR ORIGINAL

POOR ORIGINAL

M. Neilson

DRAFT#	AMOUNT DRAFT#	AMOUNT DRAFT#	AMOUNT DRAFT#	AMOUNT
541				

(If this statement is in error notify the supervisory committee at the above address, and furnish the information necessary to effect corrections.) The Finance Charge is computed at a periodic rate per day and applied to each amount in the balance column for the exact number of days each balance was outstanding. Your loan balance changes as new amounts are borrowed and as payments are made on your loan.

Request for Formal Complaint Forms
(Notification of Intent to Appeal)

Notice to Customer.

If you sign and return this form, you are telling the Public Utility Commission that you want to appeal this decision. Do not return this form unless you want to appeal this decision.

If you want to appeal, you must return this form within 20 days of 1/9/2006. The Commission will send you formal complaint forms if you return this form.

You must comply with 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 shut off your service.

Sincerely,
Pennsylvania Public Utility Commission

Yes, I want to appeal this decision. Please send formal complaint forms to me at the following address:

Customer name and address:
(Please correct any mistakes.)

MARY NEILSON
163 CHADWICK AVE
LINWOOD PA 19061

610-864-8145
(Area Code) Telephone Number
BCS: 2019690
Company: PECO ENERGY

Mary S. Neilson 1/19/06
Signature
Date of Mailing: 1/9/2006

Mail this completed form to:

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

RECEIVED
2006 JAN 25 AM 9:10
PA.P.U.C.
SECRETARY'S BUREAU



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

IN REPLY PLEASE
REFER TO OUR FILE

January 26, 2006

BCS2019690

MARY NEILSON
163 CHADWICK AVENUE
LINWOOD PA 19061

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 FEBRUARY 10, 2006 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.
- 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:

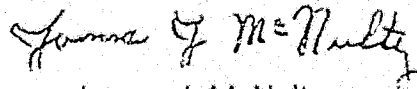
Office of Administrative Law Judge
Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

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

ane

cc: PECO ENERGY

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: FEBRUARY 14, 2006

MARY NEILSON
Complainant

v.

PECO ENERGY COMPANY
Respondent

Complaint Docket
No: F-02019690

DOCKETED

FEB 14 2006

**DOCUMENT
FOLDER**

FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

TO: PECO ENERGY 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 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).

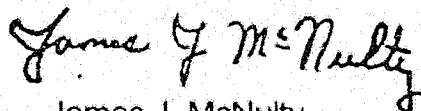
2. If you fail to either satisfy this complaint or to file answer or other responsive pleading within twenty (20) days, you will be deemed to have admitted all the allegations in this complaint in accordance with Section 5.61 of the Commission's Rules of Administrative Practice and Procedure, 52 Pa. 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

IN REPLY PLEASE
REFER TO OUR FILE

DATE SERVED: FEBRUARY 14, 2006

F-02019690

PECO ENERGY COMPANY
C/O WARD L SMITH
ASSOCIATE GENERAL COUNSEL
PO BOX 8699
PHILADELPHIA PA 19101-8699

DOCUMENT FOLDER

Dear Mr. Smith:

A complaint has been filed against you before the Pennsylvania Public Utility Commission by MARY NEILSON. 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.

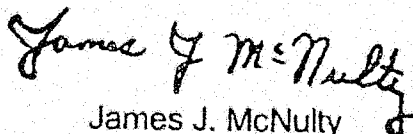
Detailed instructions on how to proceed are contained in the attached pages. You are advised to read them carefully.

FEBRUARY 14, 2006

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,



James J. McNulty
Secretary

SS

Legal Department

Exelon Business Services Company
2301 Market Street / 523-1
PO Box 8699
Philadelphia, PA 19101 2699

Telephone 215 841 5544
Fax 215 568 3389
www.exeloncorp.com

Business Services
Company

ORIGINAL

Direct Dial 215 841 6941

March 3, 2006

James McNulty, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, Second Floor
Harrisburg, PA 17120

RECEIVED

MAR 3 2006

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Re: **Mary Neilson v. PECO Energy Company**
PUC Docket No. F-02019690

Dear Mr. McNulty:

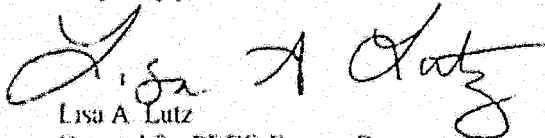
Enclosed for filing with the Commission are the following documents and copies in the matter referenced above.

- X Answer (original and 3 copies)
- _____ Petition (original and 3 copies)
- _____ Answer and Motion (original and 3 copies)
- _____ Motion to Dismiss (original and 3 copies)
- _____ Reply to Motion/Petition (original and 3 copies)
- _____ Exceptions (original and 9 copies)
- _____ Reply Exceptions (original and 9 copies)
- _____ Brief (original and 9 copies)
- _____ Reply Brief (original and 9 copies)

DOCUMENT FOLDER

Also enclosed is an extra copy of this letter, which I request that you date stamp and return to me in the envelope provided as proof of filing. I have enclosed a Certificate of Service showing that a copy of the above document was served on the interested parties.

Very truly yours,


Lisa A. Lutz
Counsel for PECO Energy Company

LAL/zr

Enc

SCHEDULING RECOMMENDATION: X CALL OF THE DOCKET NON-CALL OF THE DOCKET

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

MARY NEILSON

v.

PECO ENERGY COMPANY

MAR 3 2006

DOCKET NO. F-02019690 PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

ANSWER OF RESPONDENT, PECO ENERGY COMPANY

PECO Energy Company ("PECO Energy"), pursuant to 52 Pa. Code §5.61, responds to the Complaint and states:

1. Admitted.
2. Admitted.
3. Admitted. Complainant also receives gas service from PECO Energy Company.
4. Denied. PECO Energy denies the medical certificate non-renewal notice is

DOCUMENT
FOLDER

DOCKETED
MAR 10 2005

improper. By way of further answer, on December 8, 2005, a medical certificate non-renewal letter was mailed to Complainant since the Complainant was granted three (3) medical extensions on the account within the last twelve (12) months, and Complainant did not make the required payments on her account for at least three (3) months prior to the non-renewal letter. The medical extensions were granted on May 11, 2005, September 23, 2005 and December 7, 2005.

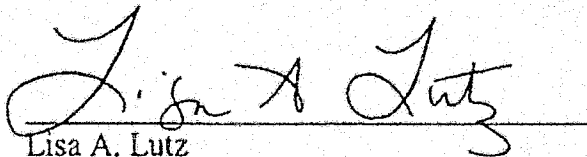
PECO Energy further avers that Complainant's account balance is \$3,497.76. Complainant's average monthly bill is \$191.00. Complainant has a poor payment history with many missed or late payments. A decision of the Bureau of Consumer Services ("BCS") issued on or about January 9, 2006 set a payment agreement of a special monthly budget amount of

\$265.00, beginning February, 2006. The BCS-directed monthly special budget amount of \$265.00 includes the regular monthly budget amount of \$213.00, plus the monthly arrears payment of \$52.00. Complainant has complied with this current BCS decision in February, 2006. A copy of the BCS decision is attached as Exhibit A.

5. This paragraph is a request for relief and no answer is required.
6. PECO Energy is without sufficient information to confirm or deny this statement.
7. Admitted.

WHEREFORE, PECO Energy Company respectfully requests that your Honorable Commission dismiss the instant Complaint.

Respectfully Submitted,



Lisa A. Lutz
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
(215) 841-6841
lisa.lutz@exeloncorp.com

RECEIVED

MAR 3 2006

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

MARY NEILSON

v.

PECO ENERGY COMPANY

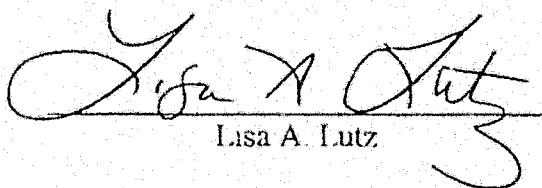
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DOCKET NO. F-02019690

VERIFICATION

I, Lisa A. Lutz, hereby declare that I am an attorney representing PECO Energy Company; that as such I am authorized to make this verification on its behalf; that the facts set forth in the foregoing Pleading are true to the best of my knowledge, information and belief, and that I make this verification subject to the penalties of 18 Pa. C.S. §4904 pertaining to false statements to authorities.

Date: March 3, 2006



Lisa A. Lutz

Date 2/27/06

PA. Public Utility Commission
Bureau Of Consumer Services
Inbound Closing Report

Case Number: 2019690
Customer Name: MARY NEILSON
Address: 163 CHADWICK AVE
LINWOOD PA 19061-4310

Opened On: 12/15/05
Utility Type: Electric Distributor
Account Number: 501850872596
Company Name: PECO Energy

Prior Case: Total Balance: \$3,085.82 Balance Date: 12/16/05

Compliance Violation(Alleged, Actual, No) NO
Chap 56/64/Other: Section/Rule:

Decision Issued: Y Oral Written: W
Investigator: MEURON, PAUL PUC Decision Issued Dt: 1/9/06 PUC Case Closed Dt: 1/9/06

Decision Recvd Dt: 1/9/06 03:25PM

Letter Description: EGW STRAIGHT PAR/NO LPCS/BUDGET + FOR LEVEL 1 HOUSEHOLD

To Restore Service Pay:	\$0.00	To Continue Service Pay:	\$0.00	By:	
Terms:	FEBRUARY 2006				
Special Budget Amount:	\$265.00	Regular Budget Amount:	\$213.00	Plus Arrears Payment:	\$52.00
Final Bill Monthly Payment:	\$0.00	Current Bill Monthly Payment:	\$0.00		
End Of Month Payment:	\$0.00				

Par Description:

Resolution:
PAR BB + \$2.00 WAIVE LPCS NO PR OR PUC PAR

Exh. b. + A

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

MARY NEILSON

v.

PECO ENERGY COMPANY

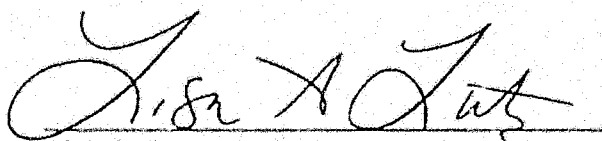
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:
DOCKET NO. F-02019690
:
:

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a copy of PECO Energy Company's Answer in the above matter upon all interested parties by mailing a copy thereof Certified mail, properly addressed and postage prepaid to:

MARY NEILSON
163 Chadwick Avenue
Linwood, PA 19061

Dated at Philadelphia, Pennsylvania, March 3, 2006.



Lisa A. Lutz
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
(215) 841-6841
lsa.lutz@exeloncorp.com



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
Office of Administrative Law Judge
P.O. BOX 3265, HARRISBURG, PA 17105-3265
March 15, 2006

IN REPLY PLEASE
REFER TO OUR FILE

In Re: F-02019690

(See attached list)

DOCUMENT FOLDER

Mary S. Neilson v. PECO Energy Company

Requests payment arrangements.

Hearing Notice

This is to inform you that your case is scheduled for hearing at 9:30 a.m. in Hearing Room 2 in the Philadelphia State Office Building. Your case is one of several cases that have been scheduled at this time in Hearing Room 2. You must be available in the hearing room when your case is called by the presiding Administrative Law Judge. You should arrive at the Hearing Room no later than 9:15 a.m. and wait in the Hearing Room until the presiding Administrative Law Judge calls your case. Your case might not be the first one to be called and you should be prepared to stay in the hearing room all morning, if necessary. If you are not present and prepared to go forward with your case when it is called, your case will be dismissed by the Administrative Law Judge.

Type: Initial Hearing
Date: Thursday, April 20, 2006
Time: 9:30 a.m.
Location: Hearing Room 2
State Office Building
Broad & Spring Garden Streets
Philadelphia, PA

DOCKETED
APR 03 2006

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

Attention: You must be available in the hearing room when your case is called by the presiding Administrative Law Judge. If you are not present and prepared to go forward with your case when it is called, your case will be dismissed by the Administrative Law Judge.

If you intend to file exhibits, bring 4 copies with you to the hearing.

Individuals may represent themselves or be represented by an attorney. Individuals representing themselves do not need to be represented by an attorney. If you have an attorney representing you, your attorney 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.
- AT&T Relay Service number for persons who are deaf or hearing-impaired: 1-800-654-5988.

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

#502238 09/04

#502238 03/05