

JAN 3 2026

**Descriptions to questions in the PUC Application**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**3.**

Diwash Khadka possesses practical experience relevant to operating a transportation service, primarily through his hands-on role as a driver. Commercial Driver's License (CDL): He holds a CDL license and associated experience, which is the necessary credential for operating various types of commercial vehicles and demonstrates compliance with federal standards for knowledge and skill in vehicle operation. Transportation Service Operations: Mr. Khadka worked as a driver transporting residents in a senior living center. This experience involved the daily, scheduled, and often specialized operation of a transportation service, requiring skills in: Route Planning and Efficiency Passenger Safety and Customer Service Vehicle Maintenance Checks and Compliance This direct driving experience, supported by CDL, shows a foundational understanding of the day-to-day requirements and responsibilities of providing transportation services.

**4.**

Operates business from 2015 Pittston Ave. Scranton PA 18505. Office is equipped with computers, printer, phone service, internet access,

Secure File cabinets. All administrative tasks and communication are handled from this location.

For vehicles, facility parking lot/secured yard will be utilized where companies are safe and secured and also provide adequate space for inspection before assigning driver.

Records will be maintained by using Trip log, maintenance logs, driver qualification, insurance documents in a secure file cabinet and digitally (iCloud service) for back up.

Communication requests are/will receive through phone & email, once request accepted, company will schedule the service and dispatch drivers using (cell phone dispatch software or email).

Communication with drivers is continuous via two-way phone, text messaging and GPS live tracking using WhatsApp live location to ensure the real time update immediate response if any issue arises.

## 5

- a: Will hire only qualified Drivers. The criteria are: 1. Minimum age of 18. 2. At least 1 or more years of driving experience. 3. Ability to pass background checks and drug testing. Professionalism and customer service skills.

### **Driver Qualifications (Under 21)**

According to the Pennsylvania law, commercial driving at age 18, this policy adheres to the following safety standards:

- i. **Intrastate Only:** Drivers aged 18–20 are strictly prohibited from operating vehicles in interstate commerce.
  - ii. **Zero Blood Alcohol:** Any employee under 21 is subject to a **0.00% BAC** standard while on duty. Any detectable level of alcohol will result in immediate termination and reporting to the PUC.
- b. Background Check: Using State site PA patch, no driver will be hired if checks reveal major violation. While § 29.505 is the PUC baseline, as a NEMT business provider in Pennsylvania, the company adheres to additional layers of disqualification while contracting with **MATP (Medical Assistance Transportation Program)** or brokers:
- **Child Abuse Clearance:** Any "indicated" or "founded" report of child abuse generally disqualifies a driver from transporting minors or vulnerable adults.
  - **Excluded Providers List (LEIE/Medicaid):** Drivers must not appear on the OIG's List of Excluded Individuals/Entities. If a driver has been convicted of **Medicaid fraud** or patient abuse, they are permanently barred from NEMT work.
  - **FBI Fingerprinting:** Convictions for aggravated assault, kidnapping, or felony drug crimes often trigger a lifetime ban under MATP-specific contracts, even if they fall outside the PUC's 7-year window.

While hiring a driver, the company will follow an automatic ground for rejection to ensure compliance. Any one of the following convictions will automatically disqualify.

1. **Any Sex Offense** (Lifetime).
2. **Any Crime of Violence** (Lifetime).
3. **DUI or Drug Felony** (Minimum 7 years).
4. **Theft or Fraud Felony** (Minimum 7 years).
5. **Crimes involving a Motor Vehicle** (Minimum 10 years).

**Initial Hire:** A criminal history record must be obtained and reviewed from the Pennsylvania State Police (PATCH) **before** the driver is permitted to operate a vehicle.

**Recurring Check:** Carriers must obtain and review an updated criminal history record for each driver **every 2 years** from the date of the last check.

### **Retention Period**

- **Duration:** The Company will keep a copy of the criminal history record for **at least 3 years** from the date it was obtained.
  - **Continuous Employment:** Although the law says 3 years, the company will keep the record in his/her file for the **entire duration of the driver's employment** plus the 3-year trailing period to prove the driver was qualified during every day they were behind the wheel.
- c. **Driving Training:** 1. Minimum of 2 hours driving practice using company Vehicle. 2. Proper vehicle inspection training. 3. Emergency and incident protocols (911). 4. Hand on training with office staff or managers.
- d. Our system for driver license checks is a three-phased, redundant process designed to ensure that every driver is legally qualified and maintains a clean driving record throughout their employment.
- 1 **Initial Screening:** Initial screening is to ensure the candidate meets all minimum legal and company standards before they are hired.
  - 2 **Continuous Monitoring:** Since a driver's license status and record can change at any time, we employ a system of periodic and continuous checks.
  - 3 **Corrective Action:** Any failure to meet the license standards triggers immediate action to protect public safety and maintain compliance.



## 7 Vehicle Safety Program Overview

Our Vehicle Safety Program is a systematic approach to proactively manage vehicle maintenance, ensure continuous regulatory compliance, and promote the safety of all operators and the public. It's built around **scheduled preventive maintenance** and a rigorous **compliance monitoring system** focused on the standards set forth in **67 Pa. Code, Chapter 175**.

### a. Periodic Vehicle Maintenance Plan

Our maintenance plan is based on a blend of **manufacturer-recommended schedules** and **preventive maintenance inspections (PMIs)**, using mileage and time intervals to ensure all critical systems are checked before failure occurs.

Vehicle Type	Inspection/Service	Interval	Key Focus Areas
All Vehicles	Pre-Trip/Post-Trip Check	Daily	Lights, tires, fluid levels, brakes, mirrors, dashboard indicators.
All Vehicles	Level 1 PMI (Minor Service)	Every 5,000 miles or 3 months	Oil change, filter replacement, fluid top-offs, light system check, visual brake inspection, tire rotation/pressure check.
All Vehicles	Level 2 PMI (Major Service)	Every 15,000 miles or 6 months	All Level 1 items plus: Comprehensive brake inspection, suspension/steering component check, battery/charging system test, exhaust system inspection.
All Vehicles	State Safety & Emission Inspection	Annually (or semiannually, if applicable)	Formal compliance check aligned with 67 Pa. Code Chapter 175.

#### Key Maintenance Principles:

- **Documentation:** All maintenance and repairs are tracked in a digital fleet management system, creating a complete service history for every vehicle.
- **Defect Reporting:** Operators are required to report any identified defects immediately via a standard form, which triggers a **repair order** and removes the vehicle from service until the repair is confirmed.
- **Maintenance and repair:** The agency contracts with one of the local State Certified vehicle maintenance and repair workshops with fully skilled technicians to maintain and ensure vehicle's safety operation.

## 10. Financial Data

### Statement of Financial Capability & Operational Reliability

#### 1. Overview of Financial Readiness

Sonam LA, LLC has secured sufficient liquid capital to ensure the safe and uninterrupted delivery of transportation services to the public. Our initial funding of \$50,000.00 is allocated to cover the first 6 months of critical operational expenses, ensuring that service quality is never compromised by financial fluctuation.

#### 2. Allocation for Safety and Reliability

To ensure a safe environment for our passengers and the public, we have dedicated funds specifically for:

- **Comprehensive Insurance:** We have budgeted for "for-hire" livery insurance that meets or exceeds Pennsylvania PUC requirements (\$35,000+ for small vehicles).
- **Preventative Maintenance:** A dedicated reserve fund has been established for monthly vehicle inspections and immediate repairs to ensure our fleet remains in peak mechanical condition.
- **Driver Training & Compliance:** Funds are allocated for rigorous background checks, drug testing, and specialized training for all staff members.

#### 3. Community-Focused Service Strategy

We are specifically positioned to serve the unique needs of Pennsylvania's diverse populations, including non-English speakers and underserved local communities.

- **Bilingual Capability:** Our budget includes higher competitive wages for bilingual drivers and dispatchers to ensure clear, safe communication with non-English speaking clients.
- **Community Integration:** Following the successful models of our colleagues in other Pennsylvania cities, we have established a financial cushion to support outreach and specialized services for communities that traditionally lack access to reliable medical transportation.

#### 4. Financial Sustainability

Our revenue model is based on a diversified mix of [Medicaid reimbursements, private pay, and/or healthcare facility contracts]. By maintaining a low debt-to-equity ratio and a healthy cash reserve, we can guarantee that our vehicles will be on time, our equipment will be modern and safe, and our drivers will be the best in the industry.

# Statement to Amend PUC Application

DATE OF DEPOSIT

JAN 3 2026

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**Date:** December 31, 2025

**To:** Matthew L. Homsher, Secretary Pennsylvania Public Utility Commission  
400 North Street, Keystone Building Harrisburg, PA 17120

**RE: Amendment of PUC application authority to Paratransit: Sonam LA LLC**

**Docket Number:** A-2025-3059348

**To the Honorable Secretary Matthew L. Homsher,**

Please accept this letter as a formal request to amend the above-referenced application.

The Applicant originally filed for authority as a **Motor Contract Carrier of Persons**. The Applicant now requests that the Commission amend the application to seek authority as a **Motor Common Carrier of Persons in Paratransit Service**.

The nature of the proposed service will be to transport persons in paratransit service, on an advance-reservation basis, between points in following Counties Lackawanna, Luzerne, Monroe, Wayne, Susquehanna, and Wyoming.

Respectfully submitted,



Tek Khadka  
CEO, Sonam LA, LLC  
570-862-0221  
[sonamlatransportation@gmail.com](mailto:sonamlatransportation@gmail.com)



100 South Blakely Street  
Dunmore, PA 18512  
888.868.3858 | [psbt.com](http://psbt.com)

January 2, 2026

Sonam La LLC  
2015 Pittston Ave  
Scranton, PA 18505

**DATE OF DEPOSIT**

**JAN 3 2026**

**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**

To whom it may concern:

This letter is to certify the above named customer, Sonam La LLC, has an open, active account as of January 2, 2026. Please find the details below:

**Routing #:** 031311807

**Account #:** xxx4376

**Current Balance:** \$50,000

If you require additional information, please contact me using the information below.

Sincerely,

Sonya Dowling  
Assistant Branch Manager  
420 Davis Street  
Scranton, PA 18505  
PH. 570-955-1883  
Fax 570-955-1886  
NMLS ID 1658473  
Email: [sonya.dowling@psbt.com](mailto:sonya.dowling@psbt.com)

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

## Exclusions Search Results: Individuals

No Results were found for

**Kafley , Kedar**

 If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)

Search conducted 1/2/2026 4:42:08 PM EST on OIG LEIE Exclusions database.

Source data updated on 12/10/2025 9:01:00 AM EST

[Return to Search](#)

DATE OF DEPOSIT

JAN 3 2026

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**PENNSYLVANIA CHILD ABUSE  
HISTORY CERTIFICATION**

10101400658650900

**KEDAR N. KAFLEY**  
2015 PITTSFORD AVE  
SCRANTON, PA 18505

**CERTIFICATION ID: JCLTTEAAEIT**  
**CERTIFICATION PURPOSE: EMPLOYMENT**  
**VERIFICATION DATE: 7/9/2025**

**SOCIAL SECURITY #: XXX-XX-8958**

**DATE OF BIRTH: 2/19/1978**

The above named person has applied for a Pennsylvania Child Abuse History Certification pursuant to 23 Pa. C.S., Chapter 63 related to the Child Protective Services Law. **NO RECORDS EXIST** in the Pennsylvania Department of Human Services' Statewide database listing **KEDAR N. KAFLEY** as a perpetrator of an Indicated or Founded report of child abuse.

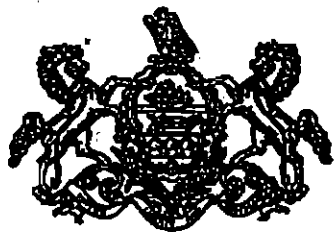
Applicants are required to show the Administrator the results of their Child Abuse History Certification. Administrators are required to keep a copy of this Child Abuse History Certification on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

*ISSUED BY* Commonwealth of Pennsylvania  
Department of Human Services  
**CHILDLINE AND ABUSE REGISTRY**  
ChildLine Verification Unit  
P.O. Box 8170  
Harrisburg, PA 17105-8170  
1-877-371-5422

**ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT**



# Magisterial District Judge 45-1-03



**MAURI B KELLY  
LACKAWANNA COUNTY**

Docket Number: MJ-45103-CR-0000214-2017

**Criminal Docket**

2017 SEP -5 Commonwealth of Pennsylvania

CLERK OF JUDICIAL RECORDS CRIMINAL DIVISION  
Kedar N Kafley  
**CR 2022 2017**

Page 1 of 4

<b>Judge Assigned:</b>	Magisterial District Judge Joanne Price Corbett	<b>Issue Date:</b>	05/19/2017
<b>OTN:</b>	T 927780-0	<b>File Date:</b>	05/19/2017
<b>Arresting Agency:</b>	Scranton City Police Dept	<b>Arrest Date:</b>	
<b>Complaint/Incident #:</b>	20170519M0417	<b>Disposition:</b>	Waived for Court
<b>County:</b>	Leckewanna	<b>Disposition Date:</b>	09/05/2017
<b>Township:</b>	Scranton City	<b>Case Status:</b>	Closed

Case Status	Status Date	Processing Status
Closed	09/05/2017	Completed
	09/05/2017	Case Balance Due
	09/05/2017	Completed
	05/23/2017	Awaiting Preliminary Hearing
	05/19/2017	Awaiting Preliminary Hearing

Case Calendar Event Type	Schedule Start Date	Start Time	Room	Judge Name	Schedule Status
Preliminary Arraignment	05/23/2017	3:10 am		Magisterial District Judge Alyce Heilstone Farrell	Scheduled
Preliminary Hearing	06/02/2017	10:15 am		Magisterial District Judge Alyce Heilstone Farrell	Continued
<i>Continuance Reason: Defendant Attorney Request</i>					
<i>Requested By: Attorney Todd Anthony Johns</i>					
Preliminary Hearing	08/08/2017	10:30 am		Magisterial District Judge Joanne Price Corbett	Continued
<i>Continuance Reason: Defendant Attorney Request</i>					
<i>Requested By: Attorney Todd Anthony Johns</i>					
Preliminary Hearing	08/29/2017	9:00 am		Magisterial District Judge Joanne Price Corbett	Continued
<i>Continuance Reason: Prosecution Unavailable - Police</i>					
<i>Requested By: Lowell B. Stevens</i>					
Preliminary Hearing	09/05/2017	9:00 am		Magisterial District Judge Joanne Price Corbett	Scheduled

**CERTIFIED FROM THE RECORD**

DEC 29 2025

MAURIB KELLY  
 LACKAWANNA COUNTY  
 2017 SEP -7 P 1:33  
 CLERK OF JUDICIAL RECORDS CRIMINAL DIVISION

Recent entries made in the court filing offices may not be immediately reflected on these docket sheets. Neither the courts of the Unified Judicial System of the Commonwealth of Pennsylvania nor the Administrative Office of Pennsylvania Courts assumes any liability for inaccurate or delayed data, errors or omissions on these docket sheets. Docket sheet information should not be used in place of a criminal history background check, which can only be provided by the Pennsylvania State Police. Employers who do not comply with the provisions of the Criminal History Record Information Act (18 Pa.C.S. Section 9101 et seq.) may be subject to civil liability as set forth in 18 Pa.C.S. Section 9183.

# Magisterial District Judge 45-1-03

Docket Number: MJ-45103-CR-0000214-2017

## Criminal Docket



Commonwealth of Pennsylvania  
v.  
Kedar N Kafley

Page 2 of 4

**Name:** Kafley, Kedar N      **Sex:** Male  
**Date of Birth:** 02/19/1978      **Race:** Black  
**Address(es):**  
Home  
137 Park Dr  
Scranton, PA 18505

**Advised of His Right to Apply for Assignment of Counsel?** No  
**Public Defender Requested by the Defendant?** No  
**Application Provided for Appointment of Public Defender?** No  
**Has the Defendant Been Fingerprinted?** No

Participant Type	Participant Name	OTN/OTN	Docket Number	Was Sworn In?	Has Testified?
Prosecution	Commonwealth of Pennsylvania			No	No
Crime Victim	Kafley, Hari			No	No
Defendant	Kafley, Kedar N			No	No
Interpreter	Rei, Krishna K			No	No
Arresting Officer	Stevens, Lowell B.			No	No

**Bail Set:**

Bail Action Type	Bail Action Date	Bail Type	Percentage	Amount
Set	05/23/2017	Unsecured		\$20,000.00

# Charge	Grade	Description	Offense Dt.	Disposition
1 18 § 2701 §§ A1	M2	Simple Assault	05/19/2017	Waived for Court

Case Disposition	Disposition Date	Was Defendant Present?
Waived for Court	09/05/2017	Yes

Offense Seq./Description	Offense Disposition
1 Simple Assault	Waived for Court

# Magisterial District Judge 45-1-03

Docket Number: MJ-45103-CR-0000214-2017

## Criminal Docket



Commonwealth of Pennsylvania  
v.  
Kedar N Kafley

Page 3 of 4

**Private**

**Name:** Todd Anthony Johns, Esq.

**Representing:** Kafley, Kedar N

**Counsel Status:** Active

**Supreme Court No.:** 080327

**Phone No.:** 570-876-6903

**Address:** 960 Scranton Carbondale Hwy  
Archbald, PA 18403-1019

**Assistant District Attorney**

**Name:** William J. Rinaldi, Esq.

**Representing:** Commonwealth of Pennsylvania

**Counsel Status:** Active

**Supreme Court No.:** 053749

**Phone No.:** 570-343-7334

**Address:** Lackawanna County District Attorney's Office  
415 Spruce Street  
Scranton, PA 18503-1816

Filed Date	Entry	Filer	Applies To
09/05/2017	Attorney Active	William J. Rinaldi, Esq.	Commonwealth of Pennsylvania, Prosecution
09/05/2017	Penalty Satisfied	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
09/05/2017	Penalty Assessed	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
09/05/2017	Case Balance Adjustment Recorded	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
09/05/2017	Weived for Court	Magisterial District Judge Paul J. Ware	Kedar N Kafley, Defendant
09/05/2017	Welder of Preliminary Hearing	Todd Anthony Johns, Esq.	Kedar N Kafley, Defendant
08/31/2017	Subpoena Issued	Magisterial District Court 45-1-03	Harri Kafley, Crime Victim
Event: Preliminary Hearing-09/05/2017 9:00AM- 9:15AM Testify On Behalf Of: Commonwealth of Pennsylvania			
08/31/2017	First Class Subpoena Issued	Magisterial District Court 45-1-03	Harri Kafley, Crime Victim
08/23/2017	Preliminary Hearing Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
08/23/2017	Preliminary Hearing Continued	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
07/03/2017	Preliminary Hearing Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
07/03/2017	Preliminary Hearing Continued	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/30/2017	Attorney Active	Todd Anthony Johns, Esq.	Kedar N Kafley, Defendant
05/30/2017	Preliminary Hearing Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/30/2017	Preliminary Hearing Continued	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/23/2017	Ball Set	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/23/2017	Preliminary Hearing Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/23/2017	Preliminary Arraignment Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/23/2017	Arrest Warrant Returned Served	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/19/2017	Event Track Changed	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/19/2017	Arrest Warrant Issued	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
05/19/2017	Criminal Complaint Filed	Magisterial District Court 45-1-03	

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# Magisterial District Judge 45-1-03

Docket Number: MJ-45103-CR-0000214-2017

## Criminal Docket



Commonwealth of Pennsylvania  
v.  
Kedar N Kafley

Page 4 of 4

Case Balance: \$ 0.00  
Last Payment Amt:

Next Payment Amt:  
Next Payment Due Date:

Assessment Type	Assessment Amt	Adjustment Amt	Non-Monetary Payment Amt	Payment Amt	Balance
Miscellaneous Issuances	\$17.50	(\$17.50)	\$0.00	\$0.00	\$0.00

September 05, 2017  
Date

~~Joanne Price Corbett~~  
Magisterial District Judge Joanne Price Corbett



J. Ware / RBM

COMMONWEALTH OF PENNSYLVANIA  
 COUNTY OF LACKAWANNA  
 Magisterial District Number: 45-1-03  
 MDJ Hon. **MAG. CORBETT**  
 Address: **1829 PITTSTON AVENUE**  
**SCRANTON, PA 18505**  
 Telephone: **(570)963-6516**



**POLICE CRIMINAL COMPLAINT**  
 COMMONWEALTH OF PENNSYLVANIA

DEFENDANT: **VS.**  
 (NAME and ADDRESS)

**KEOAR N**  
 First Name Middle Name Last Name  
**137 PARK DR**  
**SCRANTON, PA 18505**  
**ORIGINAL**  
**DO NOT REMOVE FROM FILE**

**NCIC Extradition Code Type**

- 1 - Felony Full
- 2 - Felony Ltd.
- 3 - Felony Surrounding States
- 4 - Felony No Ext.
- 5 - Felony Pend.
- 6 - Felony Pend. Extradition Determ.
- A - Misdemeanor Full
- B - Misdemeanor Limited
- C - Misdemeanor Surrounding States
- D - Misdemeanor No Extradition
- E - Misdemeanor Pending
- F - Misdemeanor Pending Extradition

**DOMESTIC VIOLENCE**

**DEFENDANT IDENTIFICATION INFORMATION**

Docket Number: **CR 214-2017** Date Filed: **05/19/2017** OTN/LiveScan Number: **F927780-0** Complaint/Incident Number: **20170519M0417** Request Lab Sample?

GENDER:  Male  Female  
 DOB: **02/19/1978** POB: Add'l. DOB: Gen.  
 AKA: First Name Middle Name Last Name

RACE:  White  Asian  Black  Native American  Unknown  
 ETHNICITY:  Hispanic  Non-Hispanic  Unknown  
 HAIR COLOR:  Gry (Gray)  Red (Red/Aubn)  SDY (Sandy)  BLU (Blue)  PLE (Purple)  BRD (Brown)  
 Blk (Black)  Ong (Orange)  WHI (White)  XXX (Ink./Bald)  GRN (Green)  PNK (Pink)  
 Bin (Blonde / Strawberry)  
 EYE COLOR:  Blk (Black)  Blu (Blue)  BRO (Brown)  GRN (Green)  GRY (Gray)  
 HAZ (Hazel)  MAR (Maroon)  PNK (Pink)  MUL (Multicolored)  XXX (Unknow)

Driver License: State **PA** License Number **30208094** Expires: WEIGHT (lbs.):  
 DNA:  YES  NO DNA Location:  
 FBI Number: MNU Number: Ft. HEIGHT in:  
 Defendant Fingerprinted:  YES  NO 5 06  
 Fingerprint Classification:

**DEFENDANT VEHICLE INFORMATION**

Plate # State Hazmat  Registration Sticker (MM/YY) Comm'l Veh Ind.  School Veh.  Oth. NCIC Veh. Code Reg. Same as Def.   
 VIN Year Make Model Style Color

Office of the attorney for the Commonwealth  Approved  Disapproved because:  
 (The attorney for the Commonwealth may require the complaint, arrest warrant affidavit, or both, be approved by the attorney for the Commonwealth prior to filing. See PA. R. Crim. P 507.)

(Name of the attorney for the Commonwealth - Please Print or Type) (Signature of the attorney for the Commonwealth) (Date)

I, **PTLM. LOWELL STEVENS**  
 (Name of the Affiant)  
 of **SCRANTON POLICE DEPARTMENT**  
 (Identify Department or Agency Represented and Political Subdivision)  
 do hereby state:  
 1.  I accuse the above named defendant who lives at **137 PARK DR SCRANTON**  
 I accuse the defendant whose name is unknown to me but who is described as  
 I accuse the defendant whose name and popular designation are unknown to me and whom I have therefore designated as John Doe or Jane Doe  
 with violating the penal laws of the Commonwealth of Pennsylvania at [ **302** ] **SCRANTON**  
 (Subdivision Code) (Place-Political Subdivision)  
 in **LACKAWANNA** County [ **35** ] on or about **19 MAY 2017 AT 1353 HRS.**  
 (County Code) (Offense Date)

**CERTIFIED FROM THE RECORD**

**561/18179**  
 PSP/MPOETC - Assigned Affiant ID Number & Badge #  
**PA0350400**  
 (Police Agency ORI Number)

DEC 29 2025

ESB/PA/DA/RECORDS

**ORIGINAL**

**DO NOT REMOVE FROM FILE**



# POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed <b>05/19/2017</b>	OTN/LiveScan Number	Complaint/Incident Number <b>20170519M0417</b>
Defendant Name	First <b>KEDAR</b>	Middle <b>N</b>	Last <b>KAFLEY</b>

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.  
 (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (a.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits 204 PA §§ 213. - 213.7.)

<input checked="" type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
<input checked="" type="checkbox"/> Lead?	<b>1</b>	<b>2701</b>	<b>A1</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>M2</b>		
	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
PennDOT Date (if applicable)	Accident Number			<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone				

Statute Description (Include the name of statute or ordinance):

**SIMPLE ASSAULT - ATTEMPT**

Acts of the accused associated with this Offense:  
**SIMPLE ASSAULT** The Actor, Kedar KAFLEY, on or about 5/19/2017 at 10:00 hours, in the County of Lackawanna, attempted to cause or intentionally, knowingly or recklessly caused bodily injury to, Hari Kafley, that is to say the actor, did kick the victim in t mouth, breaking a tooth, in violation of Section 2701(a)(1) of the Pennsylvania Crimes Code, Act of December 6, 1972, as amended, Pa. C.S. 2701(a)(1)



# POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed <b>05/19/2017</b>	OTN/LiveScan Number	Complaint/Incident Number <b>20170519M0417</b>
Defendant Name	First <b>KEDAR</b>	Middle <b>N</b>	Last <b>KAFLEY</b>

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of section 4904 of the Crimes Code (18 PA C.C. 4904) relating to unsworn falsification to authorities.
- This complaint is comprised of the preceding page(s) numbered 1 through 2.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of Assembly, or in violation of the statutes cited. **(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)**

5/19, 2017

(Date)

(Signature of Affiant)

AND NOW, on this date May 19, 2017 I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed before a warrant can be issued.

45-1-03

(Magisterial District Court Number)

(Issuing Authority)





# POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed <b>05/19/2017</b>	OTN/LiveScan Number	Complaint/Incident Number <b>20170519M0417</b>
Defendant Name	First <b>KEDAR</b>	Middle <b>N</b>	Last <b>KAFLEY</b>

## AFFIDAVIT of PROBABLE CAUSE

I am Ptlm. Stevens and I am employed by the Scranton Police Department and was so employed on 5/19/2017 at 13:53 hours when I was dispatched to 137 Park Drive on a male/female physical domestic.

Upon my arrival I met with the victim, Hari Kafley, and her daughter, Aayusha. They informed me that earlier in the day Hari and her husband, Kedar KAFLEY got into a verbal argument. This argument turned physical when KAFLEY kicked Hari in the chin. Hari experienced severe pain in her chin and mouth.

Pennsylvania Ambulance #5 responded to the scene and evaluated Hari. Initial evaluation showed a broken tooth, she was transported to GCMC for further medical evaluation.

I, **PTLM. LOWELL STEVENS (561)**, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

(Signature of Affiant)

Sworn to me and subscribed before me this 19 day of May, 2017  
 Date James Paul Robert Magisterial District Judge

My commission expires first Monday of January, 2018



**CERTIFIED**  
 FROM THE RECORD  
 DEC 29 2025  
 CLERK OF JUDICIAL RECORDS

NAME: KEDAR N. KAFLEY CASE NO: 2017 CR 2022

PLEA DATE: 10/6/17

ADG

GUILTY PLEA COLLOQUY

You are present before this Court because you or your lawyer has stated that you wish to plead guilty to some or all of the criminal offenses with which you have been charged. Please answer fully all the questions on this document. If you do not understand any question, do not answer that question. If you do understand the question, you should answer "yes" or "no", or fill in another appropriate answer.

This is a sworn statement. After you have finished reading this form and filling it out, you should sign it on the last page, on the line that says "Defendant". You should also initial each page at the bottom, but only if you have read and understood that page. If there is anything that you do not understand, you should tell your lawyer and the Judge who hears your case, so that they can explain it to you fully, to make sure that you understand all your rights.

Most of these questions can be answered "yes" or "no". Where general information is requested, please answer fully.

1. What is your full name? KEDAR N. KAFLEY 1st CW #500
2. Do you wish to plead guilty to the charges of DISORDERLY CONDUCT  
(M-3)  
\_\_\_\_\_ as laid out in criminal action 2017 CR 2022? Yes
3. How old are you? 39
4. How far did you go in school? HS Graduate
5. Do you read and right the English language? Yes
5. Have you had the opportunity to read the charges pending against you? Yes
5. Therefore, do you know exactly what you are charged with and what you are pleading to? Yes
6. Have you ever been in a mental institution or received treatment for a mental disease?  
NO
7. Have you had any alcoholic beverages or drugs within the last 24 hours? NO

CERTIFIED FROM THE RECORD

DEC 29 2025

CLERK OF JUDICIAL RECORDS

C

Initials: K.K

8. Have you fully discussed your case with your attorney and are you fully satisfied that he knows all the facts of your case and has had sufficient time to look into any questions either he or you may have about the case? Yes
- 8 (a) Are you satisfied with your attorney? Yes
9. Do you understand that even though you are guilty or may be guilty you are presumed to be innocent, and you have a right to go to trial either before a judge or before a jury of 12 individuals and the Commonwealth must prove to the satisfaction of each and every one of the 12 jurors or to the satisfaction of the judge that you guilty beyond a reasonable doubt? Yes
- 9 (a) Do you understand that you and your attorney have a right to participate in the selection of a jury? Yes
10. Do you understand that if you want to go to trial your attorney will be permitted to cross-examine the Commonwealth's witnesses and to call witnesses on your behalf, but if you plead guilty, you will lose the right to call witnesses or to cross-examine the Commonwealth witnesses? Yes
11. Do you understand that by pleading guilty you are admitting that you did the things you are charged with and that if you plead not guilty, the Commonwealth cannot force you to take the stand and either admit or deny that you did the things you are charged with? Yes
12. Do you understand that by pleading guilty you are giving up your right to appeal any question in this case except those concerning the right of this Court to try you (jurisdiction over subject matter) or the legality or propriety of the sentence imposed? Yes
13. State specifically in detail any plea agreement with the District Attorney. Defendant will Plead guilty to (1) ONE COUNT OF DISORDERLY CONDUCT (M-3) and all Remaining Charges Shall be withdrawn at the TIME OF SENTENCING.

Initials: K.V.

- 13 (a) Has the District Attorney made any other promises to you in exchange for your guilty plea other than what is mentioned above? NO
- 13 (b) Have you been threatened or coerced in any manner to enter this guilty plea? NO
- 13 (c) Are you entering this guilty plea of your own free will after discussing the merits of your case with your attorney? Yes
14. Do you understand that the Court is not bound by the agreement you made with the District Attorney? Yes
15. Do you understand that the maximum penalty to the charges you are pleading guilty to is: 1 YEAR and/or \$ 2,500.00  
? Yes
- 15 (a) If you are pleading guilty to more than one charge, do you understand that the Judge may impose consecutive sentences? n/a  
If the answer to the preceding question is yes, state the total sentence that may be imposed on you . n/a
- 15 (b) Do you understand that certain crimes carry mandatory minimum penalties? Yes  
Did your attorney advise you that any mandatory penalties apply to your case? NO  
If the preceding answer is yes, state the mandatory provisions that apply to your case.  
n/a
16. The elements of the crime(s) charged are as follows: See Courtroom Information.
- 16 (a) Do you understand these are the elements of the crimes charged that you are pleading to? Yes.

17. The District Attorney indicates this is what you did on the date of the crime charged.

See Criminal Complaint

18. Do you admit that you did the above-stated act(s)? Yes

19. Are you aware, that if you are not a United States citizen, it is possible that you may face deportation by entering a guilty plea to these charge(s)? Yes

20. Understanding the full meaning of the plea of guilty as stated above, do you still wish to plead guilty? Yes

I affirm that I have read the above document in its entirety and have reviewed it with my attorney. I affirm that I am aware of the full implications of entering a guilty plea and nevertheless wish to enter a guilty plea to the above-mentioned offenses. I further affirm that my signature on this Guilty Plea Colloquy and initials on each page of this document are true and correct.

Date: 10/6/17

Kedar  
DEFENDANT

I, TODD A. JOHNS Esq., Attorney for KEDAR N. KAPLEY state that I have advised my client of the contents and meanings of the document. It is my belief that my client fully comprehends the implications of pleading guilty and is entering this plea of his/her own free will.

[Signature]  
Attorney for the Defendant

④

CASE SUMMARY

October 6, 20 17

Maye J.

Case No. 17 CR 2022

Commonwealth

vs.

Kedon KAFLEY

Charge #1: (M3) Misorderly Conduct

Charge #2: \_\_\_\_\_

Charge #3: \_\_\_\_\_

Defendant pleads guilty to Charge

Dist. Atty. J. Mc Cambridge

Def't's Atty. T. Johns

IMMEDIATE SENT  PSI ORDERED

CERTIFIED  
FROM THE RECORD  
DEC 29 2025  
CLERK OF JUDICIAL RECORDS

VS.  
Redar Kelley

17 CR 2022  
OTN # 1927780-0  
D/A C. Tully  
DEFENSE ATTY T. Johns

SENTENCE ORDER

INTERMEDIATE PUNISHMENT

AND NOW, THIS 5<sup>th</sup> DAY OF December, 2017, THE DEFENDANT IS SENTENCED TO:

OFFENSE \_\_\_\_\_  
IPP/RIP \_\_\_\_\_ STATE IP - 2 YRS  
\_\_\_\_\_ MONTHS/YEARS  
FIRST \_\_\_\_\_ DAYS/MONTHS; LCP/HA/SHA  
FOLLOWED BY:  
\_\_\_\_\_ DAYS/MOS/YRS PROBATION

OFFENSE Misconduct  
LCP/SCI \_\_\_\_\_ TO \_\_\_\_\_  
PROB 1 YR \_\_\_\_\_ MO \_\_\_\_\_ DAYS  
MERGES W \_\_\_\_\_ IS CONC/CONS TO \_\_\_\_\_  
MAND NON-MAND SECTION 17 Y N  
COSTS 0 FINES \_\_\_\_\_ REST \_\_\_\_\_

COSTS \_\_\_\_\_ FINES \_\_\_\_\_ REST \_\_\_\_\_  
OTHER \_\_\_\_\_

OFFENSE \_\_\_\_\_  
LCP/SCI \_\_\_\_\_ TO \_\_\_\_\_  
PROB \_\_\_\_\_ YR \_\_\_\_\_ MO \_\_\_\_\_ DAYS  
MERGES W/CT NO. \_\_\_\_\_ IS CONC/CONS TO \_\_\_\_\_  
MAND NON-MAND SECTION 17 Y N  
COSTS \_\_\_\_\_ FINES \_\_\_\_\_ REST \_\_\_\_\_

RESTIT VICTIM(S):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFENSE \_\_\_\_\_  
LCP/SCI \_\_\_\_\_ TO \_\_\_\_\_  
PROB \_\_\_\_\_ YR \_\_\_\_\_ MO \_\_\_\_\_ DAYS  
MERGES W/CT NO \_\_\_\_\_ IS CONC/CONS TO \_\_\_\_\_  
MAND NON-MAND SECTION 17 Y N  
COSTS \_\_\_\_\_ FINES \_\_\_\_\_ REST \_\_\_\_\_

ALL REMAINING CHARGES ARE NOLLE PROSSED  
THIS SENTENCE SHALL RUN CONC/CONS TO CASE(S)

SENT DEFERRED TIL \_\_\_\_\_  
CR FOR \_\_\_\_\_ TIME SERVED \_\_\_\_\_

COURT ORDER CONDITIONS TO BE COMPLETED

\_\_\_\_ A/M D/A EVAL \_\_\_\_\_ M/H EVAL \_\_\_\_\_  
\_\_\_\_ IP/OP TRMT DOM VIOL 0 File 100 DV  
\_\_\_\_ HG/SPNSR \_\_\_\_\_ 90/90 F/B \_\_\_\_\_ VPR WK AFTER \_\_\_\_\_  
\_\_\_\_ NO D/A or LLP \_\_\_\_\_ HRS COM SERVICE \_\_\_\_\_  
0 NO CONTACT  
\_\_\_\_ SEX OFFCSLG  
\_\_\_\_ COUNSELING  
\_\_\_\_ COLOR SYSTEM FOR \_\_\_\_\_

ELGIBLE/NOT ELIGIBLE FOR

BOOT CAMP \_\_\_\_\_ H/A OR W/R \_\_\_\_\_  
RRRI w/min at \_\_\_\_\_  
RRRI Waiver \_\_\_\_\_  
SUPV TRFRD TO \_\_\_\_\_

OTHER Complete DV Int program



DEC 29 2025

BY THE COURT JUDICIAL RECORDS

COURT REPORTER J. Knebel

Mony  
JUDGE

COMMONWEALTH OF PENNSYLVANIA

-VS.-

KEDAR KAFLEY

IN THE COURT OF COMMON PLEAS

Criminal Division

COUNTY OF LACKAWANNA

Number: 17 CR 2022

**ORDER**

AND NOW, this 15<sup>th</sup> day of April 2019, the Probation Officer reports to the Court that the **probation/parole** of the above named has terminated through expiration of sentence, and is hereby discharged.

**IT IS FURTHER ORDERED**, that he/she is required to make payment arrangements with the Office of Court Collections for any outstanding financial obligation. Failure to abide by the terms of the agreement will result in the issuance of a Contempt Warrant.

MAURIE B. KELLY  
LACKAWANNA COUNTY  
2019 APR 16 P 2:12  
CLERKS OF JUDICIAL  
RECORDS CRIMINAL  
DIVISION

CERTIFIED FROM THE RECORD  
BY THE COURT: DEC 29 2025  
CLERK OF JUDICIAL RECORDS  
Moy, J.

# Magisterial District Judge 45-1-03

## DOCKET TRANSCRIPT



MAURIE B. KELLY  
LACKAWANNA COUNTY

Docket Number: MJ-45103-CR-0000255-2016

## Criminal Docket

2016 JUL 20 P 1:29

Commonwealth of Pennsylvania

CLERK OF JUDICIAL  
RECORDS CRIMINAL  
DIVISION  
Kedar N Kafley  
CR 1628 2016

Page 1 of 4

### CASE INFORMATION

<u>Judge Assigned:</u>	Magisterial District Judge Joanne Price Corbett	<u>Issue Date:</u>	06/28/2016
<u>OTN/LOTN:</u>	X 031724-0/X 031724-0	<u>File Date:</u>	06/28/2016
<u>Arresting Agency:</u>	Scranton City Police Dept	<u>Arrest Date:</u>	
<u>Complaint/Incident #:</u>	20160828M5662	<u>Disposition:</u>	Waived for Court
<u>County:</u>	Lackawanna	<u>Disposition Date:</u>	07/19/2016
<u>Township:</u>	Scranton City	<u>Case Status:</u>	Closed

### STATUS INFORMATION

<u>Case Status</u>	<u>Status Date</u>	<u>Processing Status</u>
Closed	07/19/2016	Completed
	06/28/2016	Awaiting Preliminary Hearing

### CALENDAR EVENTS

<u>Case Calendar Event Type</u>	<u>Schedule Start Date</u>	<u>Start Time</u>	<u>Room</u>	<u>Judge Name</u>	<u>Schedule Status</u>
Preliminary Arraignment	06/28/2016	8:10 am		Magisterial District Judge John P. Pesota	Scheduled
Preliminary Hearing	07/05/2016	10:00 am		Magisterial District Judge John P. Pesota	Continued
<i>Continuance Reason: Prosecution Not Ready</i>					
<i>Requested By: Carmen A Wega</i>					
Preliminary Hearing	07/19/2016	10:15 am		Magisterial District Judge Alyce Hailstone Farrell	Scheduled
Formal Arraignment	09/02/2016	9:00 am			Scheduled

### CONFINEMENT

<u>Confinement Location</u>	<u>Confinement Type</u>	<u>Confinement Reason</u>	<u>Confinement Date</u>	<u>Confinement End Date</u>
Case Confinement Lackawanna County Prison	County Jail	Unable to Post Bail	06/28/2016	06/28/2016

DATE OF DEPOSIT

JAN 3 2026

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

CERTIFIED  
FROM THE RECORD

DEC 29 2025  
CLERK OF JUDICIAL RECORDS

MDJS 1200

Printed: 07/19/2016 1:22 pm

Recent entries made in the court filing offices may not be immediately reflected on these docket sheets. Neither the courts of the Unified Judicial System of the Commonwealth of Pennsylvania nor the Administrative Office of Pennsylvania Courts assumes any liability for inaccurate or delayed data, errors or omissions on these docket sheets. Docket sheet information should not be used in place of a criminal history background check, which can only be provided by the Pennsylvania State Police. Employers who do not comply with the provisions of the Criminal History Record Information Act (18 Pa.C.S. Section 9101 et seq.) may be subject to civil liability as set forth in 18 Pa.C.S. Section 9183.

# Magisterial District Judge 45-1-03

## DOCKET TRANSCRIPT

Docket Number: MJ-45103-CR-0000255-2016

## Criminal Docket



Commonwealth of Pennsylvania  
v.  
Kedar N Kafley

Page 2 of 4

### DEFENDANT INFORMATION

**Name:** Kafley, Kedar N **Sex:** Male  
**Date of Birth:** 02/19/1978 **Race:** Black  
**Address(es):**  
Home  
137 Park Drive  
Scranton, PA 18505

**Advised of His Right to Apply for Assignment of Counsel?** Yes  
**Public Defender Requested by the Defendant?** No  
**Application Provided for Appointment of Public Defender?** No  
**Has the Defendant Been Fingerprinted?** Yes

### CASE PARTICIPANTS

Participant Type	Participant Name	OTN/LOTN	Docket Number	Was Sworn In?	Has Testified?
Prosecution	Commonwealth of Pennsylvania			No	No
Defendant	Kafley, Kedar N			No	No
Private Surety	Wasco, John			No	No
Arresting Officer	Wega, Carmen A			No	No

### BAIL

#### Bail Set:

Bail Action Type	Bail Action Date	Bail Type	Percentage	Amount
Set	06/28/2016	Monetary		\$5,000.00

#### Bail Posted:

Surety Type	Surety Name	Posting Status	Posted Dt	Security Type	Security Amt
Private Surety	Wasco, John 207 E. Drinker St Dunmore, PA 18512	Posted	06/28/2016	Surety Bonds	\$5,000.00

#### Bail Depositor(s):

Depositor Name	Amount
----------------	--------

### CHARGES

# Charge	Grade	Description	Offense Dt.	Disposition
1 18 § 2701 §§ A	M2	Simple Assault	06/28/2016	Waived for Court
2 18 § 2709 §§ A1	M3	Harassment - Subject Other to Physical Contact	06/28/2016	Waived for Court

# Magisterial District Judge 45-1-03

## DOCKET TRANSCRIPT

Docket Number: MJ-45103-CR-0000255-2016

### Criminal Docket



Commonwealth of Pennsylvania  
v.  
Kedar N Kafley

Page 3 of 4

#### DISPOSITION / SENTENCING DETAILS

Case Disposition	Disposition Date	Was Defendant Present?
Waived for Court	07/19/2016	Yes
Offense Seq./Description	Offense Disposition	
1 Simple Assault	Waived for Court	
2 Harassment - Subject Other to Physical Contact	Waived for Court	

#### ATTORNEY INFORMATION

Public Defender	Assistant District Attorney
<b>Name:</b> Sandra Stepkovitch, Esq.	<b>Name:</b> Jamie Lyn Davis, Esq.
<b>Representing:</b> Kafley, Kedar N	<b>Representing:</b> Commonwealth of Pennsylvania
<b>Counsel Status:</b> Active	<b>Counsel Status:</b> Active
<b>Supreme Court No.:</b> 208654	<b>Supreme Court No.:</b> 315872
<b>Phone No.:</b> 570-963-6761	<b>Phone No.:</b>
<b>Address:</b> PUBLIC DEFENDERS OFFICE 200 N WASHINGTON AVE SCRANTON, PA 18503	<b>Address:</b> Lackawanna County Dist. Atty. Office 415 Spruce Street Scranton, PA 18503

#### DOCKET ENTRY INFORMATION

Filed Date	Entry	Filed	Applies To
07/19/2016	Formal Arraignment Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
07/19/2016	Waiver of Preliminary Hearing	Sandra Stepkovitch, Esq.	Kedar N Kafley, Defendant
07/19/2016	Waived for Court	Magisterial District Judge Alyce Hallstone Farrell	Kedar N Kafley, Defendant
07/19/2016	Attorney Active	Jamie Lyn Davis, Esq.	Commonwealth of Pennsylvania, Prosecution
07/19/2016	Attorney Active	Sandra Stepkovitch, Esq.	Kedar N Kafley, Defendant
07/05/2016	Preliminary Hearing Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
07/05/2016	Preliminary Hearing Continued	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
06/29/2016	Release of Prisoner Recorded	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
06/28/2016	Commitment Printed - Unable to Post Bail	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
06/28/2016	Bail Set	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
06/28/2016	Bail Posted	Magisterial District Judge Joanne Price Corbett	Kedar N Kafley, Defendant
06/28/2016	Preliminary Hearing Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
06/28/2016	Preliminary Arraignment Scheduled	Magisterial District Court 45-1-03	Kedar N Kafley, Defendant
06/28/2016	Criminal Complaint Filed	Magisterial District Court 45-1-03	

Magisterial District Judge 45-1-03

DOCKET TRANSCRIPT

Docket Number: MJ-45103-CR-0000255-2016

Criminal Docket



Commonwealth of Pennsylvania  
v.  
Kedar N Kafley

Page 4 of 4

July 19, 2016

*Joanne Price Corbett*



Date

Magisterial District Judge Joanne Price Corbett

*A Farrell*

*[Signature]*

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF LACKAWANNA

Magisterial District Number: 45-1-03

MDJ Hon. **MAG. CORBETT**  
Address: **1629 PITTSTON AVENUE**  
**SCRANTON, PA 18505**

Telephone: (570)963-6516



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

DEFENDANT:

VS.  
(NAME and ADDRESS)

<b>KEDAR</b>	<b>N</b>	<b>KAFLEY</b>
First Name	Middle Name	Last Name
137 PARK DR		
SCRANTON PA 18505		

NCIC Extradition Code Type

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> 1 - Felony Full               | <input type="checkbox"/> 5 - Felony Pend.                     | <input type="checkbox"/> C - Misdemeanor Surrounding States          | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2 - Felony Ltd.               | <input type="checkbox"/> 6 - Felony Pend. Extradition Determ. | <input type="checkbox"/> D - Misdemeanor NO Extradition              |  |
| <input type="checkbox"/> 3 - Felony Surrounding States | <input type="checkbox"/> A - Misdemeanor Full                 | <input type="checkbox"/> E - Misdemeanor Pending                     |  |
| <input type="checkbox"/> 4 - Felony No Ext.            | <input checked="" type="checkbox"/> B - Misdemeanor Limited   | <input type="checkbox"/> F - Misdemeanor Pending Extradition Determ. |  |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number	SIO	Request Lab Service?
		V031	20160628M5662		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER	DOB	POB	Add'l. DOB	Co-Defendants? <input type="checkbox"/>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	02/19/1978				
AKA	First Name	Middle Name	Last Name	Gen.	
RACE	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown
ETHNICITY	<input checked="" type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Unknown	
HAIR COLOR	<input type="checkbox"/> Gry (Gray)	<input type="checkbox"/> Red (Red/Aubn)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> PLE (Purple)
	<input type="checkbox"/> BIK (Black)	<input type="checkbox"/> Ong (Orange)	<input type="checkbox"/> WHT (White)	<input type="checkbox"/> XXX (Ink./Bald)	<input type="checkbox"/> GRN (Green)
	<input type="checkbox"/> Bln (Blonde / Strawberry)		<input checked="" type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> PLE (Purple)
EYE COLOR	<input type="checkbox"/> BIK (Black)	<input type="checkbox"/> Blu (Blue)	<input checked="" type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray)
	<input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> PNK (Pink)	<input type="checkbox"/> MUL (Multicolored)	<input type="checkbox"/> XXX (Unknown)
Driver License	State	License Number	Expires	WEIGHT (lbs.)	
	PA	30208094			
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ONA Location		HEIGHT (in.)	
				5 06	
FBI Number		Number			
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Fingerprint Classification					

**ORIGINAL**  
Do Not Remove From File

**DOMESTIC VIOLENCE**

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Year	Make	Model	School	Color	Reg. Same as Def.
		<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>

Office of the attorney for the Commonwealth  Approved  Disapproved because: \_\_\_\_\_

(The attorney for the Commonwealth may require the complaint, arrest warrant affidavit, or both, be approved by the attorney for the Commonwealth prior to filing. See Pa. R. Crim. P 507.)

(Name of the attorney for the Commonwealth - Print (Last, First, Middle Initial))

(Signature of the attorney for the Commonwealth)

(Date)

I, **PTLM. CARMAN WEGA**  
(Name of the Affiant)  
of **SCRANTON POLICE DEPARTMENT**  
(Identify Department of Agency Represented and Political Subdivision)

**729/44138**  
PENNSYLVANIA - Assigned Affiant's Number  
**PA0350400**  
(Police Agency File Number)

do hereby state:

1.  I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as

I accuse the defendant whose name and popular designation are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [ **302** ] **SCRANTON**  
(Subdivision Code) (Place-Political Subdivision)

**137 PARK DR SCRANTON**

in **LACKAWANNA** County [ **35** ] on or about **28 JUNE 2016 AT 0106 HRS.**  
(County Code) (Offense Date)

**DO NOT REMOVE**

**CERTIFIED**  
FROM THE RECORDS  
DEC 29 2025  
CLERK OF JUDICIAL RECORDS



# POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number <b>20160628M5662</b>
<b>Defendant Name:</b>	First <b>KEDAR</b>	Middle <b>N</b>	Last <b>KAFLEY</b>

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.  
 (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits 204 PA §§ 213. - 213.7.)

<input checked="" type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
Lead?	<b>1</b>	<b>2701</b>	<b>A</b>	of the	<b>18</b>	<b>1</b>	<b>M2</b>		
	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone		
Statute Description (Include the name of statute or ordinance): <b>SIMPLE ASSAULT</b>									

Acts of the accused associated with this Offense:  
**SIMPLE ASSAULT** The Actor, Kadar Kafley, on or about 06/28/2016, in the County of Lackawanna, attempts to cause or intentionally, knowingly or recklessly caused bodily injury to, Hari Kafley, that is to say the actor, Kedar Kafley slapped and hit Hari Kafley on the left side of her face repeatedly causing swelling, marks and bruising, in violation of Section 2701(a)(1) of the Pennsylvania Crimes Code, Act of December 8, 1972, as amended, Pa. C.S. 2701(a)(1)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
Lead?	<b>2</b>	<b>2709</b>	<b>A1</b>	of the	<b>18</b>	<b>1</b>	<b>M</b>		
	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone		
Statute Description (Include the name of statute or ordinance): <b>HARASSMENT/STRIKE, SHOVE, KICK, ETC.</b>									

Acts of the accused associated with this Offense:  
**HARASSMENT/STRIKE, SHOVE, KICK, ETC.** The Actor, Kedar Kafley, on or about 06/28/16, in the County of Lackawanna, commits the crime of harassment when, with intent to harass, annoy or alarm another, the person: strikes, shoves, kicks or otherwise subjects the other person to physical contact, or attempts or threatens to do the same., that is to say the actor, Kadar Kafley slapped and struck Hari Kafley on the left side of her face causing swelling, bruising, and marks, in violation of Section 2709 a(A) (1) of the Pennsylvania Crimes Code, as amended, 18 Pa.C.S. 2709 a(A) (1)



# POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number <b>20160628M5662</b>
Defendant Name	First <b>KEDAR</b>	Middle <b>N</b>	Last <b>KAFLEY</b>

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of section 4904 of the Crimes Code (18 PA C.C. 4904) relating to unsworn falsification to authorities.
- This complaint is comprised of the preceding page(s) numbered 1 through 2.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of Assembly, or in violation of the statutes cited. (Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

\_\_\_\_\_ (Date) PKM Com W/ 29  
\_\_\_\_\_ (Signature of Agent)

AND NOW, on this date 6/28/2016 I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed before a warrant can be issued.

45-1-03 (Magisterial District Court Number) \_\_\_\_\_ (Issuing Authority) SEAL



# POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number <b>20160628M5662</b>
Defendant Name	First <b>KEDAR</b>	Middle <b>N</b>	Last <b>KAFLEY</b>

## AFFIDAVIT of PROBABLE CAUSE

06/28/2016 01:06 -

On 06/28/2016 at approximately 0119 I Ptlm Wega responded to 137 Park Dr. to assist Penn Ambulance 24, they notified police of a physical domestic that was reported to them after they were dispatched to that location for a female requesting an ambulance to go to the hospital.

Upon my arrival Penn 24 indicated to me that a female inside with visible injuries to her left side of her face and was complaining of pain in her ear. They indicated there was a language barrier and the daughter was helping translate.

I Ptlm Wega went inside to speak with them, Hari Kafley had visible marks and swelling to her left side of her face. She indicated that her husband Kedar Kafley had struck her in the face earlier when they were arguing. She indicated that she tried to tell him to just sit down so they could just talk. However she indicated to us that she kept telling Kedar to stop hitting her multiple times. They indicated Kedar was downstairs, upon speaking with Kedar he indicated that earlier they were arguing and it got very loud. Kedar indicated that Hari told him to hit her and if he did she would call the cops. Kedar indicated that he began to slap her in the face with an open hand, Kedar also indicated that he kept hitting her and it became harder and became more than a slap. Kedar indicated that after that he stopped and they stopped arguing.

I, **PTLM. CARMAN WEGA (729)**, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

PTLM Carman Wega 729  
(Signature of Affiant)

Sworn to me and subscribed before me this 29th day of JUNE, 2016  
6.29.2016 Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2018



**CERTIFIED**  
FROM THE RECORD

DEC 29 2025

CLERK OF JUDICIAL RECORDS

**INFORMATION  
IN THE COURT OF COMMON PLEAS OF LACKAWANNA COUNTY, PENNSYLVANIA  
CRIMINAL DIVISION**

**Criminal Action No. 16 CR 1628**

**COMMONWEALTH OF PENNSYLVANIA**

**VS.**

**KEDAR N KAFLEY**

The District Attorney of Lackawanna County, by this Information charges that on or about **Tuesday, the 28th day of June, 2016**, in said County of Lackawanna, Kedar N Kafley did commit the crime or crimes herein,

**COUNT 1: SIMPLE ASSAULT**

**(18 C.P.S.A. Sec. 2701(a)); Grade: Misdemeanor 2; \$5,000.00; 2 years;**

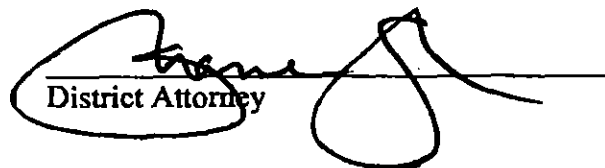
attempts to cause or intentionally, knowingly or recklessly causes bodily injury to another; to wit: that the said Kedar Kafley did intentionally slap and hit Hari Kafley on the left side of her face repeatedly causing swelling, marks and bruising.

**COUNT 2: HARASSMENT/STRIKE, SHOVE, KICK, ETC.**

**(18 Purdon's PA Stat. Sec 2709 (a-1)); Grade: Misdemeanor 1; \$10,000.00; 5 years;**

commit the crime of harassment with intent to harass, annoy or alarm another, and did strike, shove, kick or otherwise subject the other person to physical contact, or attempts or threatens to do the same, to wit: that the said Kedar Kafley did slap and strike Hari Kafley on the left side of her face causing swelling, bruising and marks.

All of which is against the Acts of Assembly and the peace and dignity of the Commonwealth of Pennsylvania.

  
District Attorney

CLERK OF JUDICIAL RECORDS  
DIVISION

2016 AUG 15 AM 9 13

**CERTIFIED**  
FROM THE RECORD  
DEC 29 2025  
CLERK OF JUDICIAL RECORDS

50/  
Sandy

NAME: Kedar Kafley

CASE NO: 16 CR 1628

**CERTIFIED**  
FROM THE RECORD

PLEA DATE: 1/25/17

GUILTY PLEA COLLOQUY

DEC 29 2025

You are present before this Court because you or your lawyer has stated that you wish to plead guilty to some or all of the criminal offenses with which you have been charged. Please answer fully all the questions on this document. If you do not understand any question, do not answer that question. If you do understand the question, you should answer "yes" or "no", or fill in another appropriate answer.

This is a sworn statement. After you have finished reading this form and filling it out, you should sign it on the last page, on the line that says "Defendant". You should also initial each page at the bottom, but only if you have read and understood that page. If there is anything that you do not understand, you should tell your lawyer and the Judge who hears your case, so that they can explain it to you fully, to make sure that you understand all your rights.

Most of these questions can be answered "yes" or "no". Where general information is requested, please answer fully.

1. What is your full name? Kedar Kafley
2. Do you wish to plead guilty to the charges of Harassment(s)  
\_\_\_\_\_  
\_\_\_\_\_ as laid out in criminal action 16CR1628? Yes
3. How old are you? 38
4. How far did you go in school? High School
5. Do you read and write the English language? Some
- 5 (a) Have you had the opportunity to read the charges pending against you? Yes
- 5 (b) Therefore, do you know exactly what you are charged with and what you are pleading to? Yes
6. Have you ever been in a mental institution or received treatment for a mental disease?  
no
7. Have you had any alcoholic beverages or drugs within the last 24 hours? No

K.K

8. Have you fully discussed your case with your attorney and are you fully satisfied that he knows all the facts of your case and has had sufficient time to look into any questions either he or you may have about the case? Yes
- 8 (a) Are you satisfied with your attorney? Yes
9. Do you understand that even though you are guilty or may be guilty you are presumed to be innocent, and you have a right to go to trial either before a judge or before a jury of 12 individuals and the Commonwealth must prove to the satisfaction of each and every one of the 12 jurors or to the satisfaction of the judge that you guilty beyond a reasonable doubt? Yes
- 9 (a) Do you understand that you and your attorney have a right to participate in the selection of a jury? Yes
10. Do you understand that if you want to go to trial your attorney will be permitted to cross-examine the Commonwealth's witnesses and to call witnesses on your behalf, but if you plead guilty, you will lose the right to call witnesses or to cross-examine the Commonwealth witnesses? Yes
11. Do you understand that by pleading guilty you are admitting that you did the things you are charged with and that if you plead not guilty, the Commonwealth cannot force you to take the stand and either admit or deny that you did the things you are charged with? Yes
12. Do you understand that by pleading guilty you are giving up your right to appeal any question in this case except those concerning the right of this Court to try you (jurisdiction over subject matter) or the legality or propriety of the sentence imposed? Yes
13. State specifically in detail any plea agreement with the District Attorney. \_\_\_\_\_  
- Plea to one (1) count (s) Harassment  
- All other charges N.P.  
- Plea conditioned upon completion K.K

13 (a) Has the District Attorney made any other promises to you in exchange for your guilty plea other than what is mentioned above? no

13 (b) Have you been threatened or coerced in any manner to enter this guilty plea? no

13 (c) Are you entering this guilty plea of your own free will after discussing the merits of your case with your attorney? yes

14. Do you understand that the Court is not bound by the agreement you made with the District Attorney? yes

15. Do you understand that the maximum penalty to the charges you are pleading guilty to is: 90 days \$300 fine  
yes

15 (a) If you are pleading guilty to more than one charge, do you understand that the Judge may impose consecutive sentences? n/a  
If the answer to the preceding question is yes, state the total sentence that may be imposed on you. n/a

15 (b) Do you understand that certain crimes carry mandatory minimum penalties? n/a  
Did your attorney advise you that any mandatory penalties apply to your case? n/a  
If the preceding answer is yes, state the mandatory provisions that apply to your case. n/a

16. The elements of the crime(s) charged are as follows: see criminal information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16 (a) Do you understand these are the elements of the crimes charged that you are pleading to? yes

K.K.

17. The District Attorney indicates this is what you did on the date of the crime charged.

-see criminal information

18. Do you admit that you did the above-stated act(s)? Yes

19. Are you aware, that if you are not a United States citizen, it is possible that you may face deportation by entering a guilty plea to these charge(s)? Yes

19.(a) Are you a United States Citizen? Yes

20. Understanding the full meaning of the plea of guilty as stated above, do you still wish to plead guilty? Yes

I affirm that I have read the above document in its entirety and have reviewed it with my attorney. I affirm that I am aware of the full implications of entering a guilty plea and nevertheless wish to enter a guilty plea to the above-mentioned offenses. I further affirm that my signature on this Guilty Plea Colloquy and initials on each page of this document are true and correct.

Date: 1/25/17

K. Kedar  
DEFENDANT

I, Sandra Stepkovich Esq., Attorney for Kedar Kafley state that I have advised my client of the contents and meanings of the document. It is my belief that my client fully comprehends the implications of pleading guilty and is entering this plea of his/her own free will.

Sandra Stepkovich  
Attorney for the Defendant

K.K.

vs.  
Kedar Kefley

16 CR 1628  
OTN # 20-31740  
D/A J. Davis  
DEFENSE ATTY J. Supkwitch

Plea

SENTENCE ORDER

INTERMEDIATE PUNISHMENT

AND NOW, THIS 25<sup>th</sup> DAY OF January, 2017, THE DEFENDANT IS SENTENCED TO:

OFFENSE \_\_\_\_\_  
IPP/RIP \_\_\_\_\_ STATE IP - 2 YRS \_\_\_\_\_  
\_\_\_\_\_ MONTHS/YEARS \_\_\_\_\_  
FIRST \_\_\_\_\_ DAYS/MONTHS; LCP/HA/SHA \_\_\_\_\_  
FOLLOWED BY: \_\_\_\_\_  
\_\_\_\_\_ DAYS/MOS/YRS PROBATION \_\_\_\_\_

OFFENSE Harrasment  
LCP/SCI \_\_\_\_\_ TO \_\_\_\_\_  
PROB 90 YR \_\_\_\_\_ MO 90 DAYS  
MERGES W \_\_\_\_\_ IS CONC/CONS TO \_\_\_\_\_  
MAND NON-MAND SECTION 17 Y N  
COSTS X FINES \_\_\_\_\_ REST \_\_\_\_\_

COSTS \_\_\_\_\_ FINES \_\_\_\_\_ REST \_\_\_\_\_  
OTHER \_\_\_\_\_

OFFENSE \_\_\_\_\_  
LCP/SCI \_\_\_\_\_ TO \_\_\_\_\_  
PROB \_\_\_\_\_ YR \_\_\_\_\_ MO \_\_\_\_\_ DAYS  
MERGES W/CT NO. \_\_\_\_\_ IS CONC/CONS TO \_\_\_\_\_  
MAND NON-MAND SECTION 17 Y N  
COSTS \_\_\_\_\_ FINES \_\_\_\_\_ REST \_\_\_\_\_

RESTIT VICTIM(S):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFENSE \_\_\_\_\_  
LCP/SCI \_\_\_\_\_ TO \_\_\_\_\_  
PROB \_\_\_\_\_ YR \_\_\_\_\_ MO \_\_\_\_\_ DAYS  
MERGES W/CT NO \_\_\_\_\_ IS CONC/CONS TO \_\_\_\_\_  
MAND NON-MAND SECTION 17 Y N  
COSTS \_\_\_\_\_ FINES \_\_\_\_\_ REST \_\_\_\_\_

ALL REMAINING CHARGES ARE NOLLE PROSSED  
THIS SENTENCE SHALL RUN CONC/CONS TO CASE(S)  
\_\_\_\_\_

SENT DEFERRED TIL \_\_\_\_\_  
CR FOR \_\_\_\_\_ TIME SERVED \_\_\_\_\_

COURT ORDER CONDITIONS TO BE COMPLETED

- A/M D/A EVAL \_\_\_\_\_ M/H EVAL \_\_\_\_\_
- IP/OP TRTMT DOM VIOL X
- HG/SPNSR CSLG \_\_\_\_\_ 90/90 F/B \_\_\_\_\_ PR WK AFTER \_\_\_\_\_
- NO D/A or LLP \_\_\_\_\_ HRS COM SERVICE \_\_\_\_\_
- NO CONTACT \_\_\_\_\_
- SEX OFFCSLG \_\_\_\_\_
- COUNSELLING \_\_\_\_\_
- COLOR SYSTEM FOR \_\_\_\_\_

ELGIBLE/NOT ELIGIBLE FOR

- BOOT CAMP \_\_\_\_\_ H/A OR W/R \_\_\_\_\_
- RRRI w/min at \_\_\_\_\_
- PERI Waiver \_\_\_\_\_
- STPV TRFD TO \_\_\_\_\_

**CERTIFIED**  
FROM THE RECORDS

DEC 29 2025

CLERK OF JUDICIAL RECORDS

BY THE COURT,

[Signature]  
\_\_\_\_\_  
JUDGE

COURT REPORTER M. McCord

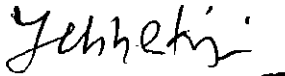
**Sonam LA, LLC**

**Non-Emergency Medical Transportation Rates (Tariff)**

<b>Service Type</b>	<b>Weekday Business Hours</b>	<b>Weekends &amp; Off-Hours</b>	<b>Holidays</b>
Ambulatory Base Rate per Trip	\$30.00	\$40.00	\$50.00
Wheelchair Base Rate per Trip	\$50.00	\$75.00	\$90.00
Mileage Fees	\$4.00	\$6.00	\$8.00
Wait Time first 15 mins	\$20.00	\$30.00	\$40.00
Wait Time after 15 mins for every minute	\$1.00 each minute	\$1.50 each minute	\$2.00 each minute

For any questions, feel free to contact us.

Thanks



Tek Khadka, CEO  
Sonam LA, LLC.  
2015 Pittston Ave.  
Scranton PA 18505  
570-862-0221  
somanlatransportation@gmail.com

**DATE OF DEPOSIT**

**JAN 3 2026**

**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**

DATE OF DEPOSIT

JAN 3 2026

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Sonam LA LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

NA

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** \_\_\_ NO **Previous Authority?** \_\_\_ NO

If YES, at PUC No. A- 2025-3059348

4. **Are you a business entity registered with the PA Dept. of State?** \_\_\_ NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0014076762

(See checklist and indicate type of business entity registered)



**10. Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

---

To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for Sonam LA, LLC, from points in the following counties; Lackawanna, Luzerne, Monroe, Wayne, Susquehanna, and Wyoming Counties

---

*Examples:*

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

**11. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

## Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

TEK BAHADUR KHADKA

DIWAH KHADKA

KEDAR NATH KAFLEY

(Print Name)

*Tek Bahadur Khadka* 1/2/26

*Diwah Khadka* 1/2/26

*Kedar Nath Kafley* 1/2/26

(Signature)

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

DATE OF DEPOSIT

JAN 3 2026

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

# VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Sonam LA LLC			
Legal Name of Applicant			
NA			
Trade Name, if any			
2015 PITTSTON AVE.	Scranton	PA	18505
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

TEK BAHADUR KHADKA  
COE of the Sonam LA LLC  
2015 Pittston Ave. Scranton PA 18505  
570-862-0221

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

NA

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

DESCRIPTION IS ATTACHED WITH IN ADDITIONAL PAGE

DATE OF DEPOSIT

JAN 3 2026

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

DESCRIPTION IS ATTACHED WITH IN ADDITIONAL PAGE

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- a. Your hiring standards for drivers;
  - b. Your system for conducting criminal background checks;
  - c. Your driver training program;
  - d. Your system for conducting driver license checks;
  - e. Your policies regarding alcohol and drug use by your drivers.

DESCRIPTION IS ATTACHED WITH IN ADDITIONAL PAGE

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

Will start with one wheelchair accessible vehicle and we will add on vehicles with the demand and growth of the business.

7. Describe your vehicle safety program. Please include the following in your explanation:
  - a. Your periodic vehicle maintenance plan.
  - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

DESCRIPTION IS ATTACHED WITH IN ADDITIONAL PAGE

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

To remain comply with the State's requirements under General Information # 2 15 passengers or less: We have spoken to a licensed auto insurance company. The information about the business is given to the insurance company, soon they will take the necessary action using Tyler Insurance Filings for electronic verification to send it to PA PUC. The attached company's financial statement will reflect the proof of fund to pay for the insurance.

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES       NO

One of the partners, Kedar N Kafley, had an offense of misdemeanor in 2017. Completed all the court orders and remained compliance with all orders. The report can be produced upon request from Lackawanna County Court.

The detail case records for the conviction is attached along with Child Abuse Clearance and OIG exclusion result.

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

### Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Yuhbetia  
 (Signature)  
 TEK BAHADUR KHADKA, GEO  
 (Name and Title, printed or typed)

11/2/2026  
 (Date)

DATE OF DEPOSIT

JAN 3 2026

**Statement of Financial Position (Balance Sheet)**  
**As of (date) \_\_\_\_\_**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____
Tangible Assets		
Motor Vehicle Equipment	_____	
Property (buildings, land, etc.)	_____	
Office Equipment	_____	
	<b>TOTAL ASSETS</b>	_____

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	_____	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
	<b>TOTAL LIABILITIES</b>	_____

The company's financial statement along with the additional information explaining why we believe we have sufficient funds to ensure our transportation business can provide reliable service to the public in a safe manner is attached.

**DATE OF DEPOSIT**

**JAN 3 2026**

**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
COMMONWEALTH KEystone BUILDING  
400 NORTH STREET  
HARRISBURG, PENNSYLVANIA 17120  
<http://www.puc.pa.gov>

December 24, 2025

A-6228508  
A-2025-3059348

SONAM LA LLC  
2015 PITTSTON AVENUE  
SCRANTON PA 18505

DATE OF DEPOSIT

JAN 3 2026

**RE: Application of Sonam LA LLC**

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

To Whom It May Concern:

On December 17, 2025, the application of Sonam LA LLC, at A-2025-3059348, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, Pennsylvania 17120

**ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.**

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

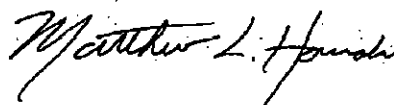
I, TEK KHADKA, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S.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

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are not accepted.

Sincerely,



Matthew L. Homsher  
Secretary

Enclosure

DATE OF DEPOSIT

JAN 3 2026

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



PRESS FIRMLY TO SEAL

PRIORITY MAIL  
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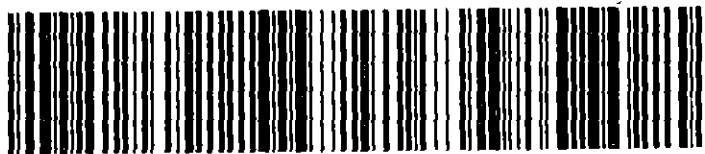
EXPECTED DELIVERY DAY: 01/08/26

**C000**

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400 NORTH ST  
HARRISBURG PA 17120-0202

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FROM:

Sonam LA LLC  
2015 Pittston Ave,  
Scranton, PA 18505

RECEIVED

JAN 5 2026

PA PUBLIC UTILITY COMMISSION TO:  
SECRETARY'S BUREAU

Secretary PA Public utility  
Commission

400 North Street 2<sup>nd</sup> Floor

Harrisburg, PA 17120