

Case Assignment and Scheduling Record

Section 1 - Division of Records and Reporting (RAR) Completes

Docket No. 991146-TC Date Docketed: 08/18/1999 Title: Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 5126 issued to Touchstone Pathway, Inc. for violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies, and 25-24.520, F.A.C., Reporting Requirements.
 Company: Touchstone Pathway, Inc.

Official Filing Date: _____
 Last Day to Suspend: _____ Expiration: _____

Referred to: _____
 ("(") indicates OPR)

ADM	AFA	APP	CAF	(CMU)	EAG	GCL	LEG	RAR	PAI	WAW
<u>X</u>	___	___	___	<u>X</u>	___	___	<u>X</u>	___	___	___

Section 2 - OPR Completes and returns to RAR in 10 workdays.

Time Schedule

Program/Module Bl(k)

Staff Assignments

OPR Staff

Staff Counsel

OCRs ()

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Recommended assignments for hearing and/or deciding this case:

Full Commission _____ Commission Panel _____
 Hearing Examiner _____ Staff _____

Date filed with RAR: _____

Initials: OPR _____
 Staff Counsel _____

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770
 Current CASR revision level

0

Due Dates

Previous Current

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
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21.	_____	_____	_____
22.	_____	_____	_____
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27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____
36.	_____	_____	_____
37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____

Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg. Exam.	Staff
ALL	GR	DS	CL	JN	JC		

- Prehearing Officer

Commissioners					ADM	DOCUMENT NO.
GR	DS	CL	JN	JC		

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case. Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____
 Date: / /

16434-99

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770

Public Service Commission

FPSC, CLK - CORRESPONDENCE
Administrative Parties Consumer
DOCUMENT NO. 16434-99
DISTRIBUTION: _____

March 29, 2000

(CERTIFIED MAIL NO. 00-120)

Lance J.M. Steinhart
Attorney at Law
6455 East Johns Crossing, Suite 285
Duluth, Georgia 30097

**Re: Return of Confidential Document(s) to the Source (Dockets 9901146-TX and
991447-TI)**

Dear Mr. Steinhart:

Commission staff have advised that Confidential Document No. 11549-99, filed on behalf of Universal Access, Inc., can be returned to the source. The document is enclosed.

Please do not hesitate to contact me if you have any questions concerning this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records

Enclosure

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lance J.M. Steinhart
 Attorney at Law
 6455 East Johns Crossing, Suite 285
 Duluth, Georgia 30097

4a. Article Number

00-120

4b. Service Type

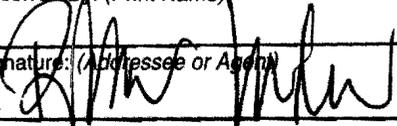
- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X



8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.