



ORIGINAL
Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

COMMISSION CLERK

DATE: April 11, 2005

TO: Karen Belcher, Professional Accountant Supervisor, Division of Commission Clerk and Administrative Services

FROM: Victor S. McKay, Research Assistant, Office of the General Counsel *PK VSM*

RE: Docket No. 030629-TX – Cancellation by Florid Public Service Commission of CLEC Certificate No. 7770 issued to Delta Phones, Inc. for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecom Companies and compliance investigation for apparent violation of rule 25-22.032(5)(a), F.A.C., Customer Complaints, effective June 17, 2004.

Request for Permission from Department of Financial Services to Write-Off the RAF's for the year (s) 2002 and 2003 for Delta Phones, Inc.

On July 16, 2003, Docket No. 030629-TX was originally established to address Delta Phones, Inc's failure to pay 2002 Regulatory Assessment Fees (RAF's). That issue was resolved on July 29, 2003, when the Commission received Delta Phones, Inc RAF's. Subsequent to the docket being closed, the Commission received a settlement proposal from the company regarding two outstanding complaints. The Commission then received information from the company stating they had filed Chapter 7 bankruptcy, converted from Chapter 11, on January 8, 2004. Approval was granted by the US Bankruptcy Court on June 17, 2004. The Commission further ordered that Delta Phones. Inc. should cease and desist providing Competitive Local Exchange service in Florida. The Commission further ordered that the outstanding RAF's be sent to the Department of Financial Services for collection, and, that the Division of the Commission Clerk and Administrative Services should request permission to write-off the uncollectible amount.

Therefore, staff requests that the Bureau of Administrative Services/Fiscal Services Section take the appropriate steps to seek permission from the Department of Financial Services to write-off the uncollectible RAF's for the year(s) 2003 and 2004 for Delta Phones, Inc.

XXX/xx

cc: Paula Isler

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH Belcher

DOCUMENT NUMBER-DATE

03586 APR 13 05

FPSC-COMMISSION CLERK

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
BUREAU OF ACCOUNTING
DELINQUENT ACCOUNTS RECEIVABLE TRANSMITTAL
(PLEASE PRINT OR TYPE)

AGENCY FLORIDA PUBLIC SERVICE COMMISSION DATE _____ PAGE ___ OF ___
 CONTACT KAREN BELCHER, DIRECTOR, FISCAL SERVICES
 PHONE NUMBER 850-413-6273
 FLAIR ACCOUNT CODE SAMAS ACCOUNT CODES: 61 50 2 573003 610100 00 000300
 61 74 1 000331 610100 00 001200

1. 030629-TX Peterson Ronald

| Agency Reference # | Last Name | First | M | Social Security # | DFS use only |
|---|-----------------------------|------------------|---|-------------------------|--------------|
| | One IBM Plaza, Chicago, Ill | | | 60611 | |
| Last Known Address (Include Zip) | | | | | |
| (312) 222-9350 | 50.00 | | | 12.50/2.50 | 65.00 |
| Home Telephone | Work Phone | Principal Amount | | Penalty/Interest Amount | Total |
| §364.336, F.S., §350.113, F.S., Rule 25-4.0161, F.A.C | | 2003 | | | 8 |
| | Penalty/Interest Authority | | | Date Debt Incurred | Debt Type |

Debt Description, e.g., Drivers License, Property Damage

Additional Information, e.g., Date of Birth, Drivers License Number, etc

2. 030629-TX Peterson Ronald

| Agency Reference # | Last Name | First | M | Social Security # | DFS use only |
|---|-----------------------------|------------------|---|-------------------------|--------------|
| | One IBM Plaza, Chicago, Ill | | | 60611 | |
| Last Known Address (Include Zip) | | | | | |
| (312) 222-9350 | 50.00 | | | | 50.00 |
| Home Telephone | Work Phone | Principal Amount | | Penalty/Interest Amount | Total |
| §364.336, F.S., §350.113, F.S., Rule 25-4.0161, F.A.C | | 2004 | | | 8 |
| | Penalty/Interest Authority | | | Date Debt Incurred | Debt Type |

Debt Description, e.g., Drivers License, Property Damage

Additional Information, e.g., Date of Birth, Drivers License Number, etc

3.

| Agency Reference # | Last Name | First | M | Social Security # | DFS use only |
|----------------------------------|----------------------------|------------------|---|-------------------------|--------------|
| Last Known Address (Include Zip) | | | | | |
| Home Telephone | Work Phone | Principal Amount | | Penalty/Interest Amount | Total |
| | Penalty/Interest Authority | | | Date Debt Incurred | Debt Type |

Debt Description, e.g., Drivers License, Property Damage

Additional Information, e.g., Date of Birth, Drivers License Number, etc

****DEBIT TYPE CODE****

1. RETURNED CHECK 2. NONPAYMENT FOR STATE GOODS/SERVICES 3. DAMAGE TO STATE PROPERTY

GENERAL INSTRUCTIONS

Provide as much information as possible for each account or returned check listed. Names should include legal entities as well as individuals. Principal Amount is the original amount of the debt excluding any service charge, penalty, and/or interest. Penalty/Interest Amount is the amount of the service charge, penalty, and/or interest due to date on the delinquent account or returned check. For those accounts subject to interest charges, please indicate the interest rate, method of calculation, and whether the rate is subject to change. Penalty/Interest Authority is the Florida Statutory and/or Florida Administrative Code citation authorizing the service charge, penalty, and/or interest on delinquent accounts and returned checks. Date Incurred is the date the account became delinquent; e.g., the date a check was returned marked NSF, the date an invoice was due to be paid, etc. Debt Type must be indicated using the codes listed at the bottom of the form.

In order to properly pursue a delinquent account the Bureau of Accounting and the collection agency, if used, require pertinent information about the debt and debtor. Such information regarding the debt should be provided in the area titled Debt Description and include the purpose of the original payment by check; type of goods/services provided; what, when, and where State property was damaged; when, why and what court ordered a payment; when and why a fine was issued; for what and when were State funds overpaid; etc. Additional Information about the debtor should include, if available, date of birth, driver license number, credit card type and number, names and addresses of relatives, and any other information that may be used to locate the debtor. The more the Bureau and the collection agency know about the debt and debtor the more likely the recovery of the debt.

To facilitate the transfer of moneys collected, each agency shall designate one FLAIR revenue account code to which all moneys will be transferred by the journal transfer. Agencies will be provided a detailed listing of amounts collected and collection fees charged for each amount. The Department will also provide instructions in accordance with Generally Accepted Accounting Principles on the appropriate method of recording the difference between any moneys collected and the amount of the delinquent account; i.e., treat the difference as cost of collection or provide approval for adjusting the balance of the account pursuant to Section 17.04, Florida Statutes.

Forms and Questions should be addressed to:

Department of Financial Services
Bureau of Accounting
Room 414 Fletcher Building
200 East Gaines Street
Tallahassee, Florida 32399-0354
(850) 410-9365 / SC 210-9365