

Case Assignment and Scheduling Record

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

Docket No. 920272-TF Date Docketed: 03/24/92 Title: Application for certificate to provide interexchange telecommunications service by A QUALITY COMMUNICATION SERVICES.
 Company: A Quality Communication Services

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

Referred to: ADM AFA APP CAF (CMJ) EAG GCL LEG RAR RRR WAW
 ("(") indicates OPR) _____ X _____ X _____

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

Time Schedule

Program/Module B1(a)

Staff Assignments

OPR Staff T Williams, A Shelfer

Staff Counsel J Wilson

OCRs () _____

() _____

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Recommended assignments for hearing and/or deciding this case:

Full Commission X Commission Panel _____
 Hearing Examiner _____ Staff _____

Date filed with RAR: 03/26/92

Initials: OPR _____
 Staff Counsel _____

Warning: This schedule is tentative and subject to revision

Current CASR revision level

0

Due Dates

Previous Current

1. Staff Recommendation	NONE	06/04/92
2. Agenda - Regular	NONE	06/16/92
3. PAA Order - Automatic Closing	NONE	07/06/92
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Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg. Exam.	Staff
ALL	BR	ES	DS	CL	LA		
X							

- Prehearing Officer

Commissioners					ADM
BR	ES	DS	CL	LA	
	X				

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: T.B. King
 Date: Pending 4/6/92

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 Company: A Quality Communication Services

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

Time Schedule

Program/Module B1(a)

Staff Assignments

OPR Staff

Staff Counsel

OCRs ()

() _____

() _____

() _____

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 Hearing Examiner _____ Staff _____

Date filed with RAR: _____

Initials: OPR _____
 Staff Counsel _____

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Due Dates

Previous Current

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
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Approved: _____

Date: ____/____/____