

CG 03-123

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OCT - 8 2009

SEP 24 2009 3:30PM HP LASERJET FAX

Federal Communications Commission
Office of the Secretary

TO: Federal Communications Commission (FCC)
FROM: Members of the Midland Park Senior Center, Midland Park, NJ
DATE: September 24, 2009

I am a deaf person who uses Video Relay Services (VRS) everyday to have telephone contact with the hearing world. I make doctor appointments, call my family members, call restaurants, my Senior Center and many other everyday business calls. The VRS has changed my life. With VRS, I make my own phone calls and use my own language - American Sign Language.

But there are hearing people, like my children and other relatives, interpreters, social workers and friends that I cannot call because my videophone can't call their videophone. My new ten digit number lets me call deaf people but I can't call hearing people who can sign. Many of them have not purchased videophones because they know I can't call them with mine. This is very frustrating.

Why can't their videophone call mine directly? I heard that the FCC won't allow hearing people to get ten digit numbers. Some have told me they lied and said they were deaf. Some did that. Others won't. Why did the FCC make that rule? Please help us and change that rule. Let hearing people who can sign, get ten digit numbers that will work with our ten digit numbers. That way, I can have direct videophone conversations with hearing people who have videophones.

Thank you.

SIGNATURE	PRINT NAME	ADDRESS	TOWN	STATE	ZIP
<i>Charlotte Cole</i>	CHARLOTTE COLE	45 BASSETT HWY 213	DOVER	NJ	07801
<i>Lucinda Brooks</i>	Lucinda Brooks	79 Pine St.	Millburn	NJ	07041
<i>Louise Sabatjan's</i>	Louise Sabatjan	21 Westside Ave	W. Paterson	NJ	07624
<i>Christine Williams</i>	Christine Williams				
<i>Deborah Schulz</i>	Deborah Schulz	48 JUSQUITTA AVE	ROCKY HILL	NJ	07862
<i>Frances T. HEARNE</i>	FRANCES T. HEARNE	257 S. MAIN AVE.	ELMWOOD PARK	NJ	07407
<i>Larry Toti</i>	LARRY TOTI	33 Henry St	Edmond	N.J.	07407
<i>Aileen Sheft</i>	AILEEN SHEFT	18-04 CHANDLER DR.	FAIR LAWN	N.J.	07410
<i>Alice Teger</i>	ALICE TEGER	1306 GLENDALE	NORWOOD	NJ	07065
<i>Florence O. Salvo</i>	FLORENCE O. SALVO	28 Great Bridge Terr.	VERNON	N.J.	07462
<i>Harbert Rannay</i>	HARBERT RANNAY	57 S. LAWRENCE AVE	BLOOMINGDALE	N.J.	07403

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SIGNATURE	PRINT NAME	ADDRESS	TOWN	STATE	ZIP
<i>Claire Ciano</i>	CLARE CIANO	158 Mundy Ave.	Edison	N.J.	08822
<i>Giuseppe Ciano</i>	GIUSEPPE CIANO	699 GARDEN DR	EDISON	N.J.	07047
<i>George & Theresa</i>	George & Theresa	114 Hillside Dr.	North Haledon	N.J.	07058
<i>Matilda Okoch</i>	Matilda Okoch	25 Lavinia Ave	Clarendon Park	N.J.	07407
<i>Jean M. Marchella</i>	Jean M. Marchella	57 Canal St	Ramsey	N.J.	07446
<i>John Marchella</i>	John Marchella	57 Canal St	Ramsey	N.J.	07446
<i>Vivian Lapple</i>	Vivian Lapple	3 Oxford Terr.	Maplewood	N.J.	07040



FOR FCC INTERNAL USE ONLY

Admin 2000

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Served Complaints

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Form 2000C (Disability Access Complaint) : 09-C00162737-1

- User Form
- Admin Comments
- Serve Review
- Serve Process
- File Attachments
- Letters
- Show All
- Sub Complaints(0)
- Print Form

USER FORM

[ConsumerParty History](#)
[Consumer History](#)
[Form History](#)
[Edit Form](#)

User Complaint Number: 09-C00162737 User Complaint Key: 09-C00162737-1

Complaint Source: Fax Added User: Faxuser

CONSUMER'S INFORMATION

First Name: Charlotte Last Name: Cole

Company Name:
(Complete only if you are filing this complaint on behalf of a company or an organization.)

Street Address or Post Office Box Number: 45 Bassett Highway 213

City: Dover State: NJ Zip Code: 07801

Telephone Number(Residential or Business): () - Ext:

E-mail Address:

Are you filing information on behalf of another party, such as client, parent, spouse or roommate? **No**
If yes, complete items a through h.

Your relationship with the party:

The party's first name:

The party's last name:

party_daytime_phpne () - Ext:

The party's street address or post office box number:

City: State: Zip Code:

E-mail Address:

Fax Number: () -

IMPORTANT: Please indicate the preferred format or method of response to the complaint by the Commission and defendant:

- Letter Facsimile (fax) Telephone Voice
- TRS (designate form of TRS and appropriate contact information)
- TTY Internet E-mail ASCII Text Audio-Cassette Recording Braille

FORM 2000C:

1. Check the appropriate box for your type of complaint:
 - Telecommunications Relay Service (TRS) (i.e., TTY-based, IP Relay, CapTel, IP CapTel, Speech-to-Speech, Video Relay Service (VRS))
 - Accessibility of emergency information on television
 - Closed Captioning (absence, quality or pass through High Definition (HD) programs)
NOTE: If your complaint is about closed captioning only, you must first contact the station or video programming distributor. For additional information, see <http://www.fcc.gov/cgb/consumerfacts/closedcaption.html>
 - Wireless telephone equipment or service (includes hearing aid compatibility and other accessibility issues)
 - Wire line telephone equipment or service (includes hearing aid compatibility and other accessibility issues)
2. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint:
 - Name:
 - City: State: Zip Code:
 - Telephone number: () -
3. If your complaint is about accessibility of telecommunications services or equipment, provide the make and model number of the equipment or device that this complaint is about:
4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) Time: and any details of when the event or action you are complaining about occurred:
5. If your complaint is about access to emergency information on television, provide the following information: