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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934 (Amendment No. 1) Casella Waste Systems, Inc. (Name of Issuer) Common Stock (Title of Class of Securities) 174774104 \_\_\_\_\_\_ (CUSIP Number) December 31, 2002 (Date of Event Which Requires Filing of this Statement) Check the appropriate box to designate the rule pursuant to which this Schedule is filed: [ X ] Rule 13d-1(b) [ ] Rule 13d-1(c) [ ] Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

CUSIP No.	174774104			13	G	Page	2 of 10 Pages				
1	NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (entities only).										
	John Hancock Financial Services, Inc. I.R.S. No. 04-3483032										
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*  (a)  _										
	N/A	AFFROF	KIAIE BOA IF A MER	MDER OF A GROUP"			_   _				
3	SEC USE ONLY										
4			LACE OF ORGANIZATI								
	Delaware										
		5	SOLE VOTING POWE	 ER							
Number Share			-0-								
Benefic:	- iallv	6	SHARED VOTING PO	DWER							
Owned Each	by		-0-								
Report:	ina -	7	SOLE DISPOSITIVE	E POWER							
Perso With	on		-0-	57724							
	-	 8	SHARED DISPOSITI	 IVE POWER							
			-0-								
9	AGGREGATE	AMOUNT	BENEFICIALLY OWNE		ING PERSON						
	None, exce	ept thr	ough its indirect,	, wholly-owned su	osidiary, John Ha	ncock Ad	dvisers, LLC				
10	CHECK DOV	«تان غلا 	ACCRECATE AMOUNT	TN BOM (0) EVOTI	DES CERMAIN CUADO	 S*					
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  N/A										
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9										
	See line 9	, abov	e.								
12	TYPE OF RE	EPORTIN	G PERSON*								
	HC										
		*SEE	INSTRUCTIONS BEFOR PAGE 2 OF 10 I								
CUSIP No.	174774104	1		13	G	Page	3 of 10 Pages				
	NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (entities only).										
	John Hanco		e Insurance Compar 14660	ny							
2	CHECK THE	APPROP	RIATE BOX IF A MEN	MBER OF A GROUP*		(a)	 				
	N/A						i <u>l</u> i				
3	SEC USE ON	1LY									

4	CITIZENSHIE	OR PI	ACE OF ORGANIZATION							
-	Commonwealth of Massachusetts									
Number			SOLE VOTING POWER							
Share	es		-0-							
Benefic: Owned		6	SHARED VOTING POWER							
Each			-0-							
Report:	 ing		SOLE DISPOSITIVE POWER							
Perso With	on		-0-							
		8	SHARED DISPOSITIVE POWER							
			-0-							
			DENIGRATIVE OF THE DAY BEING DESCRIPTIVE DESCRIPTIVE							
9			BENEFICIALLY OWNED BY EACH REPORTING PERSON	ancock Advisors IIC						
	None, except through its indirect, wholly-owned subsidiary, John Hancock Advisers, LLC									
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*									
	N/A									
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9									
	See line 9, above.									
12	TYPE OF REE	ORTING	PERSON*							
	IC, IA, HC									
		*SEE I	NSTRUCTIONS BEFORE FILLING OUT!							
			PAGE 3 OF 10 PAGES							
CUSIP No.	174774104		 13G	Page 4 of 10 Pages						
	NAME OF REE		PERSON							
	I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (entities only).									
	John Hancock Subsidiaries, LLC I.R.S. No. 04-2687223									
2	CURCH BUR 7		IATE BOX IF A MEMBER OF A GROUP*	(0)						
	N/A	(a)  _  (b)  _								
	N/A									
	SEC USE ONI									
4	CITIZENSHIP OR PLACE OF ORGANIZATION									
	Delaware									
Number	of		SOLE VOTING POWER							
Share	es		-0-							
Benefic:		6	SHARED VOTING POWER							
Owned Each										
Donost		7	SOLE DISPOSITIVE POWER							
Report: Perso	on	1	SOLE DISPOSITIVE POWER							
With	1		-v-							

8 SHARED DISPOSITIVE POWER

9	9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  None, except through its indirect, wholly-owned subsidiary, John Hancock Advisers, LLC									
10	O CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*									
	N/A									
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9									
11										
	See line 9,	above	··							
12										
	HC									
		*SEE I	NSTRUCTIONS BEFORE FILLING	G OUT!						
			PAGE 4 OF 10 PAGES							
	174774104			13G	Page 5 of 10 Pages					
	1/4//4104			136						
1	NAME OF REE		FPERSON TION NOS. OF ABOVE PERSONS	S (entities only).						
			ncial Group, LLC							
	I.R.S. No.									
2	CHECK THE F	APPROPF	RIATE BOX IF A MEMBER OF A	GROUP*	(a)  _  (b)  _					
	N/A				(5) 1_1					
3	SEC USE ONI	LY								
4	CITIZENSHIE		ACE OF ORGANIZATION							
	Delaware									
	DCIAWAIC									
		5	SOLE VOTING POWER							
Number Share			-0-							
Benefic:		6	SHARED VOTING POWER							
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With			-0-							
		8	SHARED DISPOSITIVE POWER							
			-0-							
9	AGGREGATE A	MOUNT	BENEFICIALLY OWNED BY EACH	H REPORTING PERSON						
	None, excep	ot thro	ough its indirect, wholly-	owned subsidiary, Jo	ohn Hancock Advisers, LLC					
	None, except through its indirect, wholly-owned subsidiary, John Hancock Advisers, LLC									
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*									
	N/A									
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9									
	See line 9,	above	·.							
12	TYPE OF REE	PORTING	F PERSON*							

\*SEE INSTRUCTIONS BEFORE FILLING OUT! PAGE 5 OF 10 PAGES

CUSIP No.	174774104				13G			6 of	10			
1	NAME OF RE I.R.S. IDE John Hanco I.R.S. No.	NTIFICA ock Advi	TION NOS. OF .	ABOVE PERSONS	(entities onl	у).						
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*						(a) (b)					
3	SEC USE ONLY											
	CITIZENSHIP OR PLACE OF ORGANIZATION  Delaware											
Number Share		5	SOLE VOTING	POWER								
Benefic Owned Each	by		SHARED VOTIN									
Report: Perso With	on n	7	SOLE DISPOSI	TIVE POWER								
	-		SHARED DISPO									
9	AGGREGATE	AMOUNT	BENEFICIALLY	OWNED BY EACH	REPORTING PER	SON						
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*  N/A											
11	PERCENT OF	CLASS	REPRESENTED B	Y AMOUNT IN RO	OW 9							
12	TYPE OF RE											
		*SEE I	NSTRUCTIONS B PAGE 6 OF	EFORE FILLING 10 PAGES	OUT!							

The original statement shall be signed by each person on whose behalf the statement is filed or his authorized representative. If the statement is signed on behalf of a person by his authorized representative other than an executive officer or general partner of the filing person, evidence of the

representative's authority to sign on behalf of such person shall be filed with the statement, provided, however, that a power of attorney for this purpose which is already on file with the Commission may be incorporated by reference. The name and any title of each person who signs the statement shall be typed or printed beneath his signature.

Note: Schedules filed in paper format shall include a signed original and five copies of the schedule, including all exhibits. See Sec. 240.13d-7 for other parties for whom copies are to be sent.

Attention: Intentional misstatements or omissions of fact constitute Federal criminal violations (See 18 U.S.C. 1001)

Item 1(a) Name of Issuer:

Casella Waste Systems, Inc.

Ttem 1(b) Address of Issuer's Principal Executive Offices:

25 Greens Hill Lane P. O. Box 866 Rutland, VT 05701

Item 2(a) Name of Person Filing:

This filing is made on behalf of John Hancock Financial Services, Inc. ("JHFS"), JHFS's direct, wholly-owned subsidiary, John Hancock Life Insurance Company ("JHLICO"), JHLICO's direct, wholly-owned subsidiary, John Hancock Subsidiaries, LLC ("JHS"), JHS's direct, wholly-owned subsidiary, The Berkeley Financial Group, LLC ("TBFG") and TBFG's direct, wholly-owned subsidiary, John Hancock Advisers, LLC ("JHA").

Item 2(b) Address of the Principal Offices:

The principal business offices of JHFS, JHLICO and JHS are located at John Hancock Place, P.O. Box 111, Boston, MA 02117. The principal business offices of TBFG and JHA are located at 101 Huntington Avenue, Boston, Massachusetts 02199.

Citizenship: Item 2(c)

JHLICO was organized and exists under the laws of the Commonwealth of Massachusetts. JHFS, JHS, TBFG and JHA were organized and exist under the laws of the State of Delaware.

Item 2(d) Title of Class of Securities:

\_\_\_\_\_

Common Stock

Item 2(e) CUSIP Number:

174774104

Item 3 If the Statement is being filed pursuant to Rule

\_\_\_\_\_

13d-1(b), or 13d-2(b), check whether the person filing is a:

JHFS: (g) (X) Parent Holding Company, in accordance with

ss.240.13d-1(b)(ii)(G).

JHLICO: (c) (X) Insurance Company as defined in ss.3(a)(19) of the Act.

> (e) (X) Investment Adviser registered under ss.203 of the Investment Advisers Act of 1940.

- (g) (X) Parent Holding Company, in accordance with ss.240.13d-1(b)(ii)(G).
- JHS: (g) (X) Parent Holding Company, in accordance with ss.240.13d-1(b)(ii)(G).
- TBFG: (g) (X) Parent Holding Company, in accordance with ss.240.13d-1(b)(ii)(G).
- JHA: (e) (X) Investment Adviser registered under ss.203 of the Investment Advisers Act of 1940.

## Ttem 4 Ownership:

- (a) Amount Beneficially Owned: -0-
- (b) Percent of Class: 0%
- (i) sole power to vote or to direct the vote: -0-
  - (ii) shared power to vote or to direct the vote: -0-
  - (iii) sole power to dispose or to direct the disposition of: -0-
  - (iv) shared power to dispose or to direct the disposition of: -0-
- Item 5 Ownership of Five Percent or Less of a Class:

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following [X]

- Item 6 Ownership of More than Five Percent on Behalf of Another Person: See Item 4.
- Item 7 Identification and Classification of the Subsidiary which Acquired the Security Being Reported on by the Parent Holding Company: See Items 3 and 4 above.
- Item 8 Identification and Classification of Members of the Group: Not applicable.
- Ttem 9 Notice of Dissolution of a Group: \_\_\_\_\_ Not applicable.
- Item 10 Certification:

By signing below the undersigned certifies that, to the best of its knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purpose or effect.

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statement is true, complete and correct.

Dated: January 29, 2003

John Hancock Financial Services, Inc.

/s/ James E. Collins

Name: James E. Collins Title: Vice President and Corporate Secretary

John Hancock Life Insurance Company

/s/ James E. Collins

\_\_\_\_\_

Name: James E. Collins
Title: Vice President and Corporate Secretary

John Hancock Subsidiaries, LLC

/s/ Gregory P. Winn

Name: Gregory P. Winn Title: Treasurer

The Berkeley Financial Group, LLC

/s/ Susan S. Newton

Name: Susan S. Newton Title: Senior Vice President

John Hancock Advisers, LLC

/s/ Susan S. Newton

Name: Susan S. Newton Title: Senior Vice President

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## EXHIBIT A

## JOINT FILING AGREEMENT

John Hancock Financial Services, Inc., John Hancock Life Insurance Company, John Hancock Subsidiaries, LLC, The Berkeley Financial Group, LLC and John Hancock Advisers, LLC agree that the Terminated Schedule 13G (Amendment No. 1) to which this Agreement is attached, relating to the Common Stock of Casella Waste Systems, Inc. is filed on behalf of each of them.

John Hancock Financial Services, Inc.

/s/ James E. Collins

Name: James E. Collins Title: Vice President and Corporate Secretary

John Hancock Life Insurance Company

/s/ James E. Collins

Name: James E. Collins Title: Vice President and Corporate Secretary

John Hancock Subsidiaries, LLC

/s/ Gregory P. Winn

Name: Gregory P. Winn Title: Treasurer

The Berkeley Financial Group, LLC

/s/ Susan S. Newton

Name: Susan S. Newton Title: Senior Vice President

John Hancock Advisers, LLC

/s/ Susan S. Newton By:

Name: Susan S. Newton Title: Senior Vice President

Dated: January 29, 2003

Dated: January 29, 2003

Dated: January 29, 2003

Dated: January 29, 2003

Dated: January 29, 2003