

NEW JERSEY
LAWYERS' FUND
FOR CLIENT PROTECTION

Letter dated October 6, 2006
to CA Dept of Motor Vehicles

(Re: Request for California Dept. of Motor
Vehicles to suspend or refuse to renew the
driving license of Kenneth F. Irek)

This page is for information
only and is Not part of the
attached document(s). It was
created by Kenneth F. Irek for
clarification and indexing.

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TRUSTEES

ALAN L. WILLIAMS, CHAIR
TINA E. BERNSTEIN, VICE CHAIR
EMMETT E. PRIMAS, JR., TREASURER
JEAN M. RAMATOWSKI
SUSAN E. LAWRENCE
JAMES H. LASKEY
LUIS R. SANCHEZ

ASSISTANT TREASURER
CHRISTINA P. HIGGINS

STREET ADDRESS:
25 WEST MARKET STREET
5TH FLOOR, NORTH WING
TRENTON, N.J. 08625



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(609) 984-7179
CLAIMS: (609) 984-7179
BILLING (609) 292-8079
FAX: (609) 394-3637

October 6, 2006

California Department of Motor Vehicles
2415 1st Avenue
E-128
P.O. Box 932382
Sacramento, CA 95818

Re: New Jersey Lawyers' Fund for Client Protection v. Kenneth F. Irek
Docket No.: MER-L-0005664-94; J-082161-95; Our File No.: CPF-520

Gentlemen:

Please be advised that I serve as Deputy Counsel to the New Jersey Lawyers' Fund for Client Protection ("Fund"). The Fund exists as a Committee of the Supreme Court of New Jersey pursuant to R. 1:28-1 et seq. for the purpose of compensating the clients of disciplined attorneys who have misappropriated money from them. Kenneth F. Irek was such an attorney. His conduct, while acting as a New Jersey lawyer, has resulted in a claim or claims with the Fund. The Fund has a Judgment against Mr. Irek in the amount of \$5,000.00, which he has refused to pay.

On July 28, 2006, we obtained an Order (copy enclosed) to suspend the driving license of Kenneth F. Irek in New Jersey for failure to reimburse the Fund for the monies it has paid to his victims. Mr. Irek is now living in California. Could you please suspend or refuse to renew the driving license of Mr. Irek based on this Order?

Thank you for any help you can give us in this matter.

Sincerely,

Ruby D. Cochran
Ruby D. Cochran

RDC:sjb
Enclosures
cc: Mr. Kenneth F. Irek

**This Letter Dated October 6, 2006,
is similar to the preceding Letter of the
same date, except the penultimate sentence
contains contact information to
discuss options.**

This comment by Kenneth Irek

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Sincerely,

Ruby D. Cochran
Ruby D. Cochran

RDC:sjb
Enclosures

cc: Mr. Kenneth F. Irek

A True Copy
Sue Regan

Superior Court of New Jersey
County of Mercer Civil Division



JUDGMENT AND
CONSENT ORDER

SUE REGAN
Deputy Clerk of Superior Court

NEW JERSEY LAWYERS' FUND FOR CLIENT PROTECTION vs KENNETH F. IREK	Social Security # [REDACTED]-8426	DONALD F. PHELPS CLERK OF SUPERIOR COURT SUPERIOR COURT OF N.J. MERCER COUNTY RECEIVED AND FILED JUL 28 2006
	CPF-520	
	Docket/Indictment/Accusation # MER-L-5664-94;	

Hearing Date: July 28, 2006	Judgment #: J-082161-95	<i>Sue Regan</i> SUE REGAN DEPUTY CLERK OF SUPERIOR COURT
This matter has been opened to the Comprehensive Enforcement Program by the New Jersey Lawyers' Fund for Client Protection in an Order.		

Service upon which this order is based:

Certified Mail - Signed by: *NOT RETURNED* Refused Returned Unclaimed

Regular Mail - Not Returned Returned Other

IT IS HEREBY ORDERED that the Defendant pay to the New Jersey Lawyers' Fund for Client Protection ("the Fund") the balance due of \$ 5,000.00 payable at \$ _____ per _____ effective ___/___/06.

The Defendant shall keep the Fund informed of any change in Defendant's financial circumstances. Defendant shall also se the Fund of any change in Defendant's employment or residence.

If Defendant is thirty (30) days in arrears with any one (1) payment, then the whole balance becomes due and owing, and the Fund may use any and all available means to collect it.

Financial Obligation Fulfilled.

IT IS ALSO ORDERED THAT:

<input checked="" type="checkbox"/> JUDGMENT WILL BE ENTERED this <u>28th</u> day of <u>July</u> 2006 on Docket Number MER-L-5664-94;
<input type="checkbox"/> \$ _____ PAID AT HEARING. <input type="checkbox"/> A LUMP SUM PAYMENT OF \$ _____ must be made by ___/___/___.
<input type="checkbox"/> INCOME WITHHOLDING is ordered, and is binding on current and future income sources.
<input type="checkbox"/> LIEN be entered against proceeds from any settlement.
<input type="checkbox"/> EMPLOYMENT SEARCH _____ contacts to be made per _____.
<input type="checkbox"/> _____ Days/hours county jail under the authority of the Labor Assistance Program or Enforced Community Service Program. Cost to Defendant: \$15.00 enrollment fee and \$2.00 per day fee. Total fee: \$ _____. Failure to comply may result in mandatory incarceration (\$ _____ Condition of release). Start Date: ___/___/___.
<input checked="" type="checkbox"/> OTHER <u>DL suspension, purge \$5,000</u>
<input type="checkbox"/> RELIST for return to Comprehensive Enforcement Proceedings on _____.
<input type="checkbox"/> A BENCH WARRANT for the Defendant is hereby recommended/ordered. The Defendant was properly noticed for court appearance and failed to appear (service noted above). Defendant may be release from incarceration upon payment of \$ _____.

I HEREBY DECLARE THAT I UNDERSTAND ALL PROVISIONS OF THIS RECOMMENDATION/ORDER.

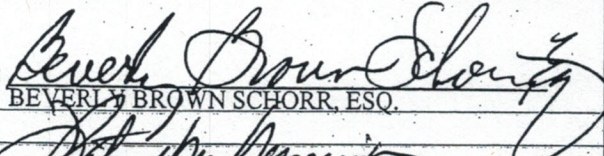
Defendant: _____

This order is being entered in default. **KENNETH F. IREK**

Witness : _____

So recommended to the Court by the Hearing Officer.

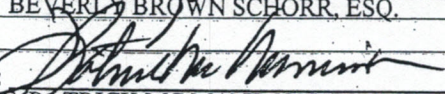
Name: BEVERLY BROWN SCHORR, ESQ.

Signature: 

BEVERLY BROWN SCHORR, ESQ.

SO ORDERED by the Court:

Name: F. PATRICK MC MANIMON, J.S.C.

Signature: 

Date: 7/28/06

F. PATRICK MC MANIMON, J.S.C.

PLEASE NOTIFY COURT OF DISABILITY ACCOMMODATION NEEDS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Kenneth F. Drek
9800 D
#261 Jopanga Cyn Blvd.
Chatsworth, Ca 91311*

2. Ar
(T)
PS F

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540

U.S. Postal Service™

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7005 1820 0003 1460 8128

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	10/10/06
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To *Kenneth F. Drek*
Street, Apt. No., or PO Box No. *9800 D*
City, State, ZIP+4 *#261 Jopanga Cyn Blvd.
Chatsworth, Ca 91311*

PS Form 3800, June 2002

See Reverse for Instructions