

NEW JERSEY
LAWYERS' FUND
FOR CLIENT PROTECTION

Letter dated June 8, 2009

(Re: Enforcement of obligation to pay
Judgment No. MER L-5664-94
through the
Comprehensive Enforcement Program)

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clarification and indexing.

NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION

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



RICHARD J. HUGHES JUSTICE COMPLEX
P.O. BOX 961
TRENTON, N.J. 08625-0961

DIRECTOR & COUNSEL
KENNETH J. BOSSONG

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SENIOR COUNSEL
EDWARD T. EHLER

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RUBY D. COCHRAN

(609) 984-7179
CLAIMS: (609) 292-8008
BILLING (609) 292-8079
FAX: (609) 394-3637

June 8, 2009

VIA FIRST CLASS AND CERTIFIED MAIL - R.R.R.

Mr. Kenneth F. Irek
87 Carriage Hill Drive
Colts Neck, NJ 07722

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

Dear Mr. Irek:

The New Jersey Supreme Court granted the New Jersey Lawyers' Fund for Client Protection the authority to **enforce your obligation to pay the referenced Judgment** through the Comprehensive Enforcement Program established by N.J.S.A. 2B:19-1 et seq.

I enclose an original and one (1) copy of a Notice of Delinquency requiring you to begin making **monthly payments** on this obligation. You should contact the Fund as soon as possible to propose a monthly payment plan. All proposals are subject to approval by the Board of Trustees which governs the Fund. If you do not have a plan in place by **Wednesday, July 1, 2009** (Consent Order executed, lump sum payment plus first monthly payment made, subject to the approval of the Board), you will receive a Summons to appear in Court for the enforcement hearing scheduled for **Friday, July 31, 2009**.

I enclose an Information Subpoena for you to complete. The Board will not approve your plan unless you have submitted a completed Information Subpoena so that it can evaluate your proposal in light of your resources. **I encourage you to contact me at 609-633-2434 to discuss your case. The Information Subpoena must be returned before we can excuse you from the Hearing even if a satisfactory payment plan has been proposed.**

Very truly yours,

Ruby D. Cochran
Ruby D. Cochran

RDC/sjb

**SUPERIOR COURT OF NEW JERSEY
COMPREHENSIVE ENFORCEMENT PROGRAM
NOTICE OF DELINQUENCY**

June 8, 2009
Cmpt./Acc./Dkt. MER-L-0005664-94
Judgment # J-082161-95
Financial Account # CPF-520

Kenneth F. Irek
87 Carriage Hill Drive
Colts Neck, NJ 07722

Last Payment:	\$0
Last Payment Date	
Total Owed in Arrears	\$5,000.00

The New Jersey Lawyers' Fund for Client Protection has referred your debt to the Comprehensive Enforcement Program (CEP) for collection. **YOUR RESTITUTION OBLIGATION IS IN ARREARS. THE NEXT LETTER YOU RECEIVE WILL BE A COURT SUMMONS TO AN ENFORCEMENT HEARING.** You may be able to avoid a **Court appearance on Friday, July 31, 2009** by doing **ALL** of the following **ON OR BEFORE Wednesday, July 1, 2009**:

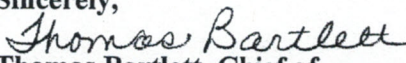
proposing a payment plan and/or curing the arrears
executing a Consent Order prepared by the Fund
making a lump sum payment and a monthly payment; and
returning the enclosed Information Subpoena

ALL PROPOSALS FOR PAYMENT ARE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES. If your failure to pay is found to be willful noncompliance, one or several of the following may happen:

- your wages may be garnished;
- your personal assets may be seized;
- your tax refund, lottery or gambling winnings may be attached;
- a judgment may be docketed against you. This will act as a lien against any real estate that you own and may adversely affect your ability to obtain loans or other forms of credit;
- involuntary enrollment in either the Sheriff's Labor Assistance or Enforced Community Service Program as alternative to detention. (Cost to you: \$15 enrollment fee and \$2 per day fee.)
- your driving privileges may be suspended

YOU MAY BE ABLE TO AVOID THESE ACTIONS IF YOU FOLLOW THE STEPS OUTLINED ABOVE. Please put your account number (CPF #) on any payment that you mail in to receive proper credit. Payments in the form of a check or money order can be mailed to the Post Office Box address on our letterhead. Payments can be made in person at New Jersey Lawyers' Fund for Client Protection between 8:30 a.m. and 4:30 p.m., Monday through Friday.

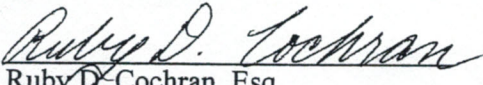
If you wish to discuss your case, to make payment arrangements, or if good reason exists for your failure to pay, please contact **Ruby D. Cochran, Esquire** at the New Jersey Lawyers' Fund for Client Protection within five (5) days of receipt of this notice at (609) 633-2434.

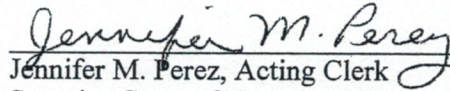
Sincerely,

**Thomas Bartlett, Chief of
Collections, Administrative Office of the Courts**

PLEASE NOTIFY OF DISABILITY/INTERPRETER ACCOMMODATION NEEDS

You must answer each question giving complete answers, attaching additional pages if necessary. False or misleading answers may subject you to punishment by the court. However, you need not provide information concerning the income and assets of others living in your household unless you have a financial interest in the assets or income. Be sure to sign and date your answers and return them to the address in the upper left hand corner within 14 days.

Dated: June 8, 2009.


Ruby D. Cochran, Esq.
New Jersey Lawyers' Fund for
Client Protection


Jennifer M. Perez, Acting Clerk
Superior Court of New Jersey

VIA FIRST CLASS MAIL AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

1. Full name _____
2. Address _____

3. Birthdate _____
4. Social Security # _____
5. Driver's license # and expiration date _____

6. Telephone # _____
7. Full name and address of your employer _____

(a) Your weekly salary: Gross _____ Net _____
(b) If not presently employed, name and address of last employer.

8. Is there currently a wage execution on your salary?
Yes _____ No _____
9. List the names, addresses and account numbers of all bankaccounts on which your name appears.

10. If you receive money from any of the following sources, list amount, how often and the name and address of the source:

<u>Type</u>	<u>Amount & Frequency</u>	<u>Name & Address Source</u>
Alimony	_____	_____
Loan Payments	_____	_____
Rental Income	_____	_____
Pensions	_____	_____
Bank Interest	_____	_____
Stock Dividends	_____	_____

11. Do you receive Social Security benefits?
 Yes _____ No _____

12. Do you own the property where you reside?
 Yes _____ No _____ If Yes, state the following:

- (a) Name of the owner or owners _____
- (b) Date property was purchased _____
- (c) Purchase price _____
- (d) Name and address of mortgage holder _____
- (e) Balance due on mortgage _____

13. Do you own any other real estate?
 Yes _____ No _____ If Yes, state the following for each property:

- (a) Address of property _____
- (b) Date property was purchased _____
- (c) Purchase price _____
- (d) Name and addresses of all owners _____
- (e) Name and address of mortgage holder _____
- (f) Balance due on mortgage _____
- (g) Name and addresses of all tenants and monthly rental paid by each tenant. _____

14. Does the present value of your personal property which includes automobiles, furniture, appliances, stocks, bonds, and cash on hand, exceed \$1,000?

Cash on hand: \$ _____

Other personal property: (Set forth make, model and serial number. If financed, give name and address of party to whom payments are made).

Item	Date Purchased	Purchase Price	If Financed Balance Still Due	Present Value
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15. Do you own a motor vehicle?
 Yes _____ No _____ If Yes, state the following for each vehicle owned:

(a) Make, model and year of motor vehicle _____

(b) If there is a lien on the vehicle, state the name and address of the lienholder and the amount due to the lienholder _____

(c) License plate # _____

(d) Vehicle identification # _____

16. Do you own a business?
 Yes _____ No _____ If Yes, state the following:

(a) Name and address of the business _____

(b) Is business a Corporation _____, sole proprietorship _____ or partnership _____?

(c) The name and address of all stockholders, officers and/or partners _____

(d) The amount of income received by you from the business during the last twelve months _____

17. Set forth all other judgments that you are aware of that have been entered against you and include:

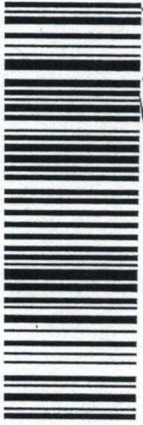
<u>Creditor's Name</u>	<u>Creditor's Attorney</u>	<u>Amount Due</u>	<u>Name of Court</u>	<u>Docket #</u>
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I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

 Kenneth F. Irek

Dated: _____

New Jersey Lawyers' Fund
for Client Protection
PO Box 961
Trenton, NJ 08625-0961



7007 2560 0002 3200

RECEIVED

JUN 23 2009

NEW JERSEY LAWYERS' FUND FOR CLIENT PROTECTION

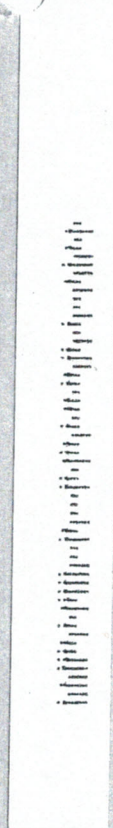
Non-deliverable as

- Moved, Left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- Deceased
- Vacant

~~Kenneth J. Irek
87 Carriage Hill Drive
Colts Neck, NJ 07722~~

016H16507168
\$06.150
06/10/2009
Mailed From: 08625
US POSTAGE

Hasler



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

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. Ipek
87 Carriage Hill Drive
Colts Neck, NJ 07722

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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

2. Article Number **7007 2560 0002 3248 4442**
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

New Jersey Lawyers' Fund
for Client Protection
PO Box 961
Trenton, NJ 08625-0961

RECEIVED
JUN 17 2009
NJ LAWYERS' FUND FOR
CLIENT PROTECTION

Kenneth F. Irek
87 Carriage Hill Drive
Colts Neck, NJ 07722



Hasler

016H26517266

\$00.670

06/10/2009

Mailed From 08625

US POSTAGE

NIXIE 077 4E 1 99 06/13/09
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 08600 *2081-07443-13-32

