

NEW JERSEY  
LAWYERS' FUND  
FOR CLIENT PROTECTION

Letter dated April 13, 2011

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

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NEW JERSEY LAWYERS' FUND  
FOR  
CLIENT PROTECTION

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April 13, 2011

Mr. Kenneth Frank Irek  
Suite C-1  
19240 Nordhoff Street  
Northridge, CA 91324

**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**

Dear Mr. Irek:

Enclosed please find a copy of the Consent Order that was entered by the Court at the Comprehensive Enforcement Hearing on March 11, 2011.

This Consent Order authorizes us to pursue a Bench Warrant for your arrest. We have given you every opportunity to contact us and make payment arrangements on the amount due and owing to the Fund. If we do not hear from you within ten (10) days from the date of this letter, we will forward the enclosed Order, together with a request for a Bench Warrant for your arrest to the proper authorities. You will then only be released from incarceration upon the payment of \$ 5,000.00.

It is essential that you contact me within ten (10) days of the date of this letter to resolve this issue. If I do not hear from you, then I will take the necessary steps to begin the above process.

Very truly yours,

*Ruby D. Cochran*  
Ruby D. Cochran

RDC:sjb  
encl(s)

Sent by Regular Mail and Certified Mail, R.R.R.



COMPREHENSIVE ENFORCEMENT PROGRAM

**A True Copy**  
*Sue Regan*  
**SUE REGAN**  
 Deputy Clerk of Superior Court

Superior Court of New Jersey  
 County of Mercer Civil Division



RECEIVED ON  
 MAR 15 '11  
 NJ LAWYERS' FUND  
 FOR CLIENT PRO

MAR 11 2011

*Sue Regan*  
 JUDGMENT AND  
 CONSENT ORDER  
 DEPUTY CLERK OF SUPERIOR COURT

NEW JERSEY LAWYERS' FUND FOR CLIENT PROTECTION vs	Social Security # xxx-xx-xxxx CPF- 520
KENNETH F. IREK	Docket/Indictment/Accusation #: MER-L-5664-94
Hearing Date: <b>March 11, 2011</b>	Judgment #: J- 82161-95

This matter has been opened to the Comprehensive Enforcement Program by the New Jersey Lawyers' Fund for Client Protection for an Order

Service upon which this order is based:

- Certified Mail -  Signed by Brent H. Irek  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 \_\_\_/\_\_\_/11.

The Defendant shall keep the Fund informed of any change in Defendant's financial circumstances. Defendant shall also advise 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:

JUDGMENT WILL BE ENTERED this \_\_\_\_\_ day of \_\_\_\_\_ 2011 on Docket Number MER-L-5664-94.

\$ \_\_\_\_\_ PAID AT HEARING:  A LUMP SUM PAYMENT OF \$ \_\_\_\_\_ must be made by \_\_\_/\_\_\_/\_\_\_.

INCOME WITHHOLDING is ordered, and is binding on current and future income sources.

LIEN be entered against proceeds from any settlement.

EMPLOYMENT SEARCH \_\_\_\_\_ contacts to be made per \_\_\_\_\_.

\_\_\_\_\_ 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: \_\_\_/\_\_\_/\_\_\_.

OTHER \_\_\_\_\_

RELIST for return to Comprehensive Enforcement Proceedings on \_\_\_\_\_.



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 released from incarceration upon payment of \$5,000.00

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

Defendant: \_\_\_\_\_

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

Witness : \_\_\_\_\_

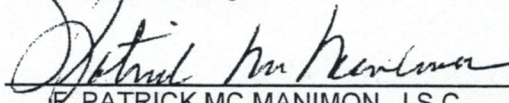
So recommended to the Court by the Hearing Officer.

Name: LISA LYNCH, ESQ.

Signature:  \_\_\_\_\_  
LISA LYNCH, ESQ.

SO ORDERED by the Court:

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

Signature:  \_\_\_\_\_  
F. PATRICK MC MANIMON, J.S.C

Date: 3/11/11

PLEASE NOTIFY COURT OF DISABILITY ACCOMMODATION NEEDS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>x Kenneth Frank Dreik</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <i>4/2/11</i></p>
<p>1. Article Addressed to:</p> <p><i>Kenneth Frank Dreik  Suite C-1  19240 Nordhoff St.  Northridge, CA 91324</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><i>7009 0820 0000 8329 9915</i></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7009 0820 0000 8329 9915

Sent to <i>Kenneth Frank Dreik</i>	
Street, Apt. No., or PO Box No. <i>Suite C-1, 19240 Nordhoff St.</i>	
City, State, ZIP+4 <i>Northridge, CA 91324</i>	

PS Form 3800, August 2006 See Reverse for Instructions