

NEW JERSEY
LAWYERS' FUND
FOR CLIENT PROTECTION

Letter dated November 3, 2011

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

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.

NJDISBARRED.COM-Index (G)(21)

NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION

TRUSTEES

JEAN M. RAMATOWSKI, CHAIR
TINA E. BERNSTEIN, VICE CHAIR
ALAN L. WILLIAMS, TREASURER
PATRICK J. CASERTA
LISA J. RODRIGUEZ
MICHAEL L. RODBURG

ASSISTANT TREASURER

SHELLEY R. WEBSTER

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 AND COUNSEL
DANIEL R. HENDI

ACTING DEPUTY DIRECTOR
EDWARD T. EHLE

DEPUTY COUNSEL
RUBY D. COCHRAN

(609) 984-7179

CLAIMS: (609) 292-8008

BILLING (609) 292-8079

FAX: (609) 394-3637

November 3, 2011

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

Mr. Kenneth F. 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; Judgment No. J-082161-95; Our File No.: CPF-520

Dear Mr. Irek:

As I explained in my October 3, 2011 letter to you, the New Jersey Supreme Court has 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.

As you have not responded to the Notice of Delinquency forwarded to you via first class and certified mail, enclosed are an original and one (1) copy of a Summons that requires you to appear on **Friday, December 2, 2011 at 9:00 a.m.** before a Hearing Officer of the Superior Court of New Jersey, in **Courtroom 1A, at the Mercer County Civil Courthouse**, 175 South Broad Street, Trenton, New Jersey, for a Hearing to enforce your payment obligation.

If you have not already done so, please return the completed Information Subpoena.

NEW JERSEY LAWYERS' FUND FOR
CLIENT PROTECTION

By: Ruby D. Cochran
Ruby D. Cochran
Deputy Counsel

RDC/sjb
Enclosure

SUPERIOR COURT OF NEW JERSEY
COMPREHENSIVE ENFORCEMENT PROGRAM
P. O. BOX 987
TRENTON, NJ 08625

November 3, 2011

NEW JERSEY LAWYERS' FUND FOR CLIENT
PROTECTION,

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION, MERCER COUNTY

PLAINTIFF,

Case Number CPF-520
Ind./Acc./Dkt. # J-082161-95
Complaint #MER-L-0005664-94

v.

KENNETH F. IREK
Suite C-1
19240 Nordhoff Street
Northridge, CA 91324

COMPREHENSIVE ENFORCEMENT PROGRAM

**SUMMONS TO APPEAR FOR
ENFORCEMENT HEARING**

Dear Sir:

You are hereby notified that you have FAILED TO SATISFY A JUDGMENT ENTERED AGAINST YOU in the Superior Court of New Jersey. Your total BALANCE owed on this Judgment is \$4,925.00.

TAKE NOTICE: You may be charged with CONTEMPT OF COURT relative to your failure to make payments as directed toward your obligations. You are hereby summoned to appear in the Superior Court of New Jersey before a Hearing Officer, at the ENFORCEMENT COURT on **Friday, December 2, 2011 at 9:00 a.m.** The location is **Courtroom 1A, at the Mercer County Civil Courthouse, 175 South Broad Street, Trenton New Jersey.**

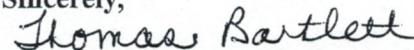
At this hearing, one or more of the following enforcement sanctions may be applied:

- 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 an alternative to direct incarceration. (Cost to you: \$25 enrollment fee and \$8 per day fee.)
- **suspension of driving privileges pursuant to N.J.S.A. 2C:46-2.**

You must appear at this hearing. Failure to appear may result in a Warrant for your arrest, or the entry of a default order for the relief requested by this application, or both. If you will need an interpreter during the hearing, call the New Jersey Lawyers' Fund for Client Protection at least two days before the hearing so that arrangements can be made to provide an interpreter for you.

You have the right to be represented by an attorney if you choose. **YOU ARE STRONGLY URGED TO BRING WITH YOU** any documents you feel may explain your failure to satisfy the above noted obligation and **BE PREPARED TO MAKE A PAYMENT AT THE TIME OF THE HEARING.** Any questions concerning the amount owed, should be addressed by contacting **Ruby D. Cochran, Esq.,** at the New Jersey Lawyers' Fund for Client Protection, (609) 984-7179.

Sincerely,



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

PLEASE NOTIFY COURT OF DISABILITY/INTERPRETER ACCOMMODATION NEEDS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mr. Kenneth F. Irek Suite C-1 19240 Nordhoff Street Northridge, CA 91324</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>7010 1870 0002 5800 3925</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery (Endorsement)		
Total Postage		
<p>Sent To</p> <p>Mr. Kenneth F. Irek Suite C-1 19240 Nordhoff Street Northridge, CA 91324</p>		
<p>Street, Apt. or PO Box</p> <p>City, State, ZIP+4</p>		

7010 1870 0002 5800 3925

PS Form 3800, August 2006 See Reverse for Instructions