

NEW JERSEY
LAWYERS' FUND
FOR CLIENT PROTECTION

Letter dated October 3, 2014

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

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)(27)

NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION

TRUSTEES

LISA J. RODRIGUEZ, CHAIR
GERARD P. DEVEAUX, VICE CHAIR
ALAN L. WILLIAMS, TREASURER
JAMES R. BEATTIE
JOSEPH SEVERINO
KATHERINE D. HARTMAN
RAYMOND S. LONDA

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 & COUNSEL
DANIEL R. HENDI

DEPUTY DIRECTOR
EDWARD T. EHLER

SENIOR COUNSEL
MICHAEL T. MCCORMICK

DEPUTY COUNSEL
RUBY D. COCHRAN

855-533-FUND (3863)
FAX: (609) 394-3637

WWW.NJCOURTS.COM/CPF

October 3, 2014
VIA FIRST CLASS AND CERTIFIED MAIL, R.R.R.

Mr. Kenneth F. Irek
P.O. Box 280222
Northridge, CA 91328-0222

Mr. Kenneth F. Irek
9800 D. Topanga Cyn Blvd.
Chatsworth, CA 91311

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

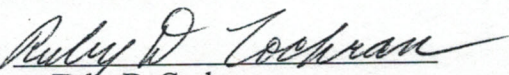
Dear Mr. Irek:

Our review of your account indicates that you are delinquent in making payments on the repayment plan to which you consented under the Comprehensive Enforcement Program (CEP). The payments in arrears as of October 3, 2014 are set forth on the enclosed Notice of Delinquency. I have calculated the deficiency by comparing payments due versus payments received since you entered the repayment agreement.

You must cure the arrears **or contact me at 609-815-3043 to make appropriate arrangements** on or before **Monday, October 27, 2014**, or I shall issue you a Summons to appear for the enforcement hearing scheduled for **Friday, December 5, 2014**.

If you have not completed an Information Subpoena under R. 4:59-1(e) within the last (6) months, you must complete the enclosed Information Subpoena. Please answer the questions fully and not merely by reference to your prior subpoena. **The Information Subpoena must be returned before we can excuse you from the Hearing even if a payment has already been made and you have cured your arrearages.**

NEW JERSEY LAWYERS' FUND FOR
CLIENT PROTECTION

By: 
Ruby D. Cochran
Deputy Counsel

RDC:sjb

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

October 3, 2014.
Cmpt./Acc./Dkt. MER-L-0005664-94
Judgment # J-082161-95
Financial Account # CPF-520

Kenneth F. Irek
P.O. Box 280222
Northridge, CA 91328

Kenneth F. Irek
9800 D. Topanga Cyn Blvd
#26
Chatsworth, CA 91311

Last Payment:	\$125.00
Last Payment Date	7/17/2014
Total Owed in Arrears	4/10/12 - 9/30/14 = \$100.00

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, December 5, 2014 by doing ALL of the following ON OR BEFORE Monday, October 27, 2014:**

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) 815-3043.

Sincerely,


Thomas Bartlett, Chief of

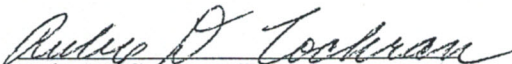
Collections, Administrative Office of the Courts

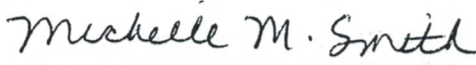
PLEASE NOTIFY OF DISABILITY/INTERPRETER ACCOMMODATION NEEDS

attached questions.

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: October 3, 2014.


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


Michelle M. Smith, 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 bank accounts 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

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 have an ownership interest in a business? Yes _____ No _____
 If Yes, state the following with respect to each business:
 (a) Name and address of the business _____
 (b) Is the business a Corporation _____, sole proprietorship _____ partnership _____ or limited liability company _____?
 (c) The name and address of all stockholders, officers, partners and/or members _____
 (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>

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: _____

Kenneth Irek
CPF-520

as of Sept 30, 2014

		claims pd	5,000.00
		costs	none
Date of CEP order	4/10/2012	balance	4,100.00
Amount due monthly	25		

	\$ Due	\$ Paid	Arrears
2012 9 months	225	250	-25
2013 12 months	300	275	25
2014 9 months	225	125	100
TOTAL	750	650	100

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:
 Mr. Kenneth F. Irek
 #26
 9800 D Topanga Cyn Blvd.
 Chatsworth, CA 91311

2. Article Number
 (Transfer from service label)

7011 1570 0003 3729 3560

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Aki...*

C. Date of Delivery *10/9*

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

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 Fee (Extra)		

To: Mr. Kenneth F. Irek
 #26
 9800 D Topanga Cyn Blvd.
 Chatsworth, CA 91311

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1570 0003 3729 3560

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 Fee (Endors...)		

Total

Sent To: Mr. Kenneth F. Irek
 P.O. Box 280222
 Northridge, CA 91328-0222

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1570 0003 3729 3555