

NEW JERSEY  
LAWYERS' FUND  
FOR CLIENT PROTECTION

Letter dated June 5, 2015

(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.

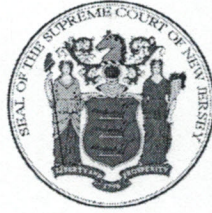
NEW JERSEY LAWYERS' FUND  
FOR  
CLIENT PROTECTION

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TRENTON, NJ 08611



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BILLING SUPERVISOR  
CARLA COUSINS

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

June 5, 2015

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

Mr. Kenneth F. Irek  
9800 D Topanga Cyn Blvd., #26  
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**

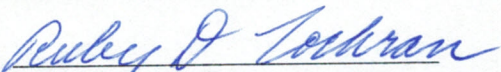
Dear Mr. Irek:

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 June 5, 2015 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 **Thursday, June 25, 2015**, or I shall issue you a Summons to appear for the enforcement hearing scheduled for **Friday, July 31, 2015**.

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\*\*\***

June 5, 2015  
Cmpt./Acc./Dkt. MER-L-0005664-94  
Judgment # J-082161-95  
Financial Account # CPF-520

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 - 6/3/15 = \$300.00

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, 2015** by doing **ALL** of the following **ON OR BEFORE Thursday, June 25, 2015**:

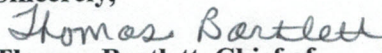
- proposing a payment plan and/or curing the arrears
- executing a Consent Order prepared by the Fund
- making a lump sum payment and a monthly payment; and
- returning the enclosed Information Subpoena

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



**IMPORTANT NOTICE  
PLEASE READ CAREFULLY**

New Jersey Lawyers Fund for Client Protection  
Richard J. Hughes Justice Complex  
25 Market Street, P. O. Box 961  
Trenton, NJ 08625-0961  
Ruby D. Cochran, Deputy Counsel  
Attorney I.D. No. 017151998  
(609) 815-3043

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NEW JERSEY LAWYERS' FUND FOR CLIENT PROTECTION	:	SUPERIOR COURT OF NEW JERSEY LAW DIVISION-CIVIL PART MERCER COUNTY
	:	
PLAINTIFF,	:	DOCKET NO. :MER-L-0005664-94
	:	JUDGMENT NO.: J-082161-95
v.	:	CIVIL ACTION
	:	CPF-520
KENNETH F. IREK	:	
	:	<b>INFORMATION SUBPOENA</b>
DEFENDANT	:	

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THE STATE OF NEW JERSEY TO:

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

Judgment was entered against you in the Superior Court of New Jersey on March 22, 1995 in the amount of \$5,000.00, plus any applicable interest and costs, and the lien was recorded in the amount of \$5,000.00 on March 31, 1995 under the docket number(s) referenced above. The amount of \$4,100.00 remains due and outstanding, plus any applicable interest and costs.


Attached to this Information Subpoena is a list of 17 questions that court rules require you to answer within 14 days from the date you receive this subpoena. If you do not answer the attached questions within the time required, the opposing party may ask the court to conduct a hearing in order to determine if you should be held in contempt. You will be compelled to appear at the hearing and explain your reasons for your failure to answer.

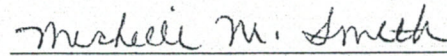
If this judgment has resulted from a default you may have the right to have this default judgment vacated by making an appropriate motion to the court. Contact any attorney or the clerk of the court for information on making such a motion. Even if you dispute the judgment you must answer all 17 of the 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: June 5, 2015.

  
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 &amp; Frequency</u>	<u>Name &amp; 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 June 3, 2015

		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 12 months	300	125	175
2015 5 months	125	0	125
<b>TOTAL</b>	<b>950</b>	<b>650</b>	<b>300</b>



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>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  Mr. Kenneth F. Irek 9800 D Topanga Cyn Blvd., #26 Chatsworth, CA 91311	B. Received by (Printed Name) <u>PAUL</u> C. Date of Delivery <u>6/12/15</u>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 2013	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7013 0600 0001 4590 2686	
Domestic Return Receipt	

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)							
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>							
<b>OFFICIAL USE</b>							
7013 0600 0001 4590 2686	<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)	
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Tot	Mr. Kenneth F. Irek 9800 D Topanga Cyn Blvd., #26 Chatsworth, CA 91311						
Sent	<table border="1"> <tr> <td> </td> </tr> </table>						
Street or P.O.	<table border="1"> <tr> <td> </td> </tr> </table>						
City, State, ZIP+4	<table border="1"> <tr> <td> </td> </tr> </table>						
PS Form 3800, August 2006	See Reverse for Instructions						