

NEW JERSEY
LAWYERS' FUND
FOR CLIENT PROTECTION

Letter dated August 18, 2015

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

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.

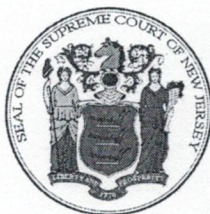
NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION

TRUSTEES

GERARD P. DEVEAUX, CHAIR
KATHERINE HARTMAN, VICE CHAIR
JOSEPH SEVERINO, TREASURER
JAMES R. BEATTIE
ALAN L. WILLIAMS
RAYMOND S. LONDA
DOUGLAS H. AMSTER

ASSISTANT TREASURER
SHELLEY R. WEBSTER

COURIER & OVERNIGHT:
HUGHES JUSTICE COMPLEX
25 MARKET STREET
5TH FLOOR, NORTH WING
TRENTON, NJ 08611



PO Box 961
TRENTON, NJ 08625-0961

www.njcourts.com/cpf

August 18, 2015

DIRECTOR & COUNSEL
DANIEL R. HENDI

DEPUTY DIRECTOR
EDWARD T. EHLE

SENIOR COUNSEL
MICHAEL T. MCCORMICK

BOARD SECRETARY &
DEPUTY COUNSEL
RUBY D. COCHRAN

BILLING SUPERVISOR
CARLA COUSINS

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

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 No.: MER-L-005664-94; J-082161-95; Our File No.: CPF-520

Enclosed please find a copy of the Consent Order that was entered by the Court at the Comprehensive Enforcement Hearing on July 31, 2015.

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 \$ 350.00.

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.

NEW JERSEY LAWYERS' FUND FOR
CLIENT PROTECTION

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

4 months X \$25 = 100.

RDC:sjb
Enclosure
Sent by regular mail and certified mail, r.r.r.

COMPREHENSIVE ENFORCEMENT PROGRAM

Superior Court of New Jersey
County of Mercer Civil Division



**JUDGMENT AND
CONSENT ORDER**

NEW JERSEY LAWYERS' FUND FOR CLIENT PROTECTION vs	Social Security # xxx-xx-8426
	CPF-520
KENNETH F. IREK	Docket/Indictment/Accusation # MER-L-5664-94
Hearing Date: JULY 31, 2015	Judgment #: J-082161-95
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:	
<input checked="" type="checkbox"/> Certified Mail - <input checked="" type="checkbox"/> Signed by <u>P. Q. U. I.</u> <input type="checkbox"/> Refused <input type="checkbox"/> Returned Unclaimed <input checked="" type="checkbox"/> Regular Mail - <input checked="" type="checkbox"/> Not Returned <input type="checkbox"/> Returned <input type="checkbox"/> Other	

IT IS HEREBY ORDERED, that the Defendant pay to the New Jersey Lawyers' Fund for Client Protection ("the Fund") the balance due of \$ 4,100.00 payable at \$ _____ per _____ effective ___/___/15.

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:

<input type="checkbox"/> JUDGMENT WILL BE ENTERED this _____ day of _____ 2015 on Docket Number MER-L-5664-94. <input type="checkbox"/> \$ _____ PAID AT HEARING: <input type="checkbox"/> A LUMP SUM PAYMENT OF \$ _____ must be made by ___/___/___. <input type="checkbox"/> INCOME WITHHOLDING is ordered, and is binding on current and future income sources. <input type="checkbox"/> LIEN be entered against proceeds from any settlement. <input type="checkbox"/> EMPLOYMENT SEARCH _____ contacts to be made per _____. <input type="checkbox"/> _____ 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: ___/___/___ . <input type="checkbox"/> 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 \$350,00.

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: WILLIAM ANKLOWITZ, J.S.C.

Signature: _____


WILLIAM ANKLOWITZ, J.S.C

Date: __/__/__

PLEASE NOTIFY COURT OF DISABILITY 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 checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ensom</i> C. Date of Delivery <i>8/24</i></p>
<p>1. Article Addressed to:</p> <p><i>Kenneth F. Drek</i> <i>#26</i> <i>9800 D Jopanga Cyn Blvd.</i> <i>Chatsworth, Ca 91311</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 0600 0001 4590 7612</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</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 Fee (Endorsement Required)		
Total Postage & Fees	\$	

7013 0600 0001 4590 7612

Sent To	<i>Kenneth F. Drek</i>	
Street, Apt. No., or PO Box No.	<i>#26 - 9800 D Jopanga Cyn Blvd.</i>	
City, State, ZIP+4	<i>Chatsworth, Ca 91311</i>	

PS Form 3800, August 2006 See Reverse for Instructions