

NEW JERSEY
LAWYERS' FUND
FOR CLIENT PROTECTION

Letter dated April 26, 2016

(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
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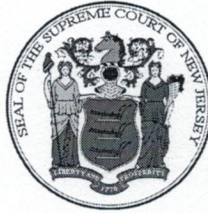
**NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION**

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April 26, 2016

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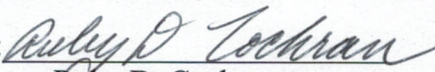
**Re: New Jersey Lawyers' Fund for Client Protection v. Kenneth F. Irek
Docket No.: MER-L-005664-94; J-082161-95; Our File No.: CPF-520**

Enclosed please find a copy of the Consent Order that was entered by the Court at the Comprehensive Enforcement Hearing on April 8, 2016.

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
Deputy Counsel

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

COPY

COMPREHENSIVE ENFORCEMENT PROGRAM

Superior Court of New Jersey
County of Mercer Civil Division



FILED

APR -8 2016

SUPERIOR COURT OF NJ
MERCER VICINAGE
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-0005664-94
Hearing Date: APRIL 8, 2016	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>???</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 \$ 3,900.00 payable at \$ _____ per month effective / / .

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 _____ 2016 on Docket Number MER-L-0005664-94
<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: ___/___/___.

DRIVING PRIVILEGES WILL BE SUSPENDED, purge equals the current arrears of \$ _____, plus any additional accrued arrearages existing at the time payment is offered.

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 the purge amount of \$ 3,500.00, plus any additional accrued arrearages existing at the time payment is offered.

OTHER _____

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

Defendant: _____
(space, do not tab) KENNETH F. IREK

This order is being entered in default.

Witness : _____

So recommended to the Court by the Hearing Officer.

Name: LISA LYNCH, ESQ.

Signature: _____
LISA LYNCH, ESQ.

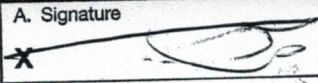

SO ORDERED by the Court:

Name: WILLIAM ANKLOWITZ, J.S.C.

Signature: _____
WILLIAM ANKLOWITZ, J.S.C.

Date: 4/8/16

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. 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. 	A. Signature 	
	B. Received by (Printed Name)	C. Date of Delivery 7/31
1. Article Addressed to: Mr. Kenneth F. Irek Apt. #261 9800 D Topanga Canyon Blvd. Chatsworth, CA 91311	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9403 0338 5155 1292 14	3. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) 	
2. Article Number (Transfer from service label) 7013 0600 0001 4590 4147	<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt

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 P	Mr. Kenneth F. Irek
Sent To	Apt. #261
Street, A or PO B	9800 D Topanga Canyon Blvd.
City, State, ZIP+4	Chatsworth, CA 91311
PS Form 3800, August 2006	
See Reverse for Instructions	

7013 0600 0001 4590 4147