

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court		VOLUNTARY PETITION	
District of			
IN RE (Name of debtor-If individual, enter Last, First, Middle) Louise PEKARCHIK		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)	
ALL OTHER NAMES used by debtor in the last 6 years (include married, maiden and trade names)		ALL OTHER NAMES used by the joint debtor in the last 6 years (include married, maiden and trade names.)	
SOC. SEC./TAX I.D. NO. (If more than one, state all) 156-44-4470		SOC. SEC./TAX I.D. NO. (If more than one, state all)	
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 697 Snowdrop Ct. Morgenville, NJ 07751		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	
DATE		9-10-2001	
MAILING ADDRESS OF DEBTOR (If different from street address)		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		<input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.	

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR <input type="checkbox"/> Individual <input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Municipality	CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding
NATURE OF DEBT <input checked="" type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below A. TYPE OF BUSINESS (check one box) <input type="checkbox"/> Farming <input type="checkbox"/> Professional <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Railroad <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturing/Mining <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Business B. BRIEFLY DESCRIBE NATURE OF BUSINESS	FILING FEE (Check one box) <input type="checkbox"/> Filing fee attached. <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to Individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b), see Official Form No. 3
NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Anna C. Little, Esq. 300 Kimball Street Woodbridge, NJ 07095 Telephone No. 732-636-4901	
NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR Anna C. Little	

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

RECEIPT

STATISTICAL ADMINISTRATIVE INFORMATION (Estimates only) (Check applicable boxes)

Debtor estimates that funds will be available for...
 Debtor estimates that after any exempt property expenses paid, there will be no funds available

ESTIMATED NUMBER OF CREDITORS
 1-15 16-49 50-99 100-499 500-999 1000-9999

ESTIMATED ASSETS (in thousands of dollars)
 Under 50 50-99 100-499 500-999 1000-9999

ESTIMATED LIABILITIES (in thousands of dollars)
 Under 50 50-99 100-499 500-999 1000-9999

ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12
 0 1-10 20-99

ESTIMATED NO. OF EQUITY SECURITY HOLDERS
 0 1-19 20-99

Case # 01-60434 tRTL Chapter 7
 Filed: 12:13 PM, 09/10/01 Trenton

Judge: Raymond Lyons
 Trustee: Benjamin Stanziale
 Debtor(s): Louise Pekarchik

First Meeting of Creditors
 12:00 PM, October 16, 2001
 Trenton - chapter 7
 U.S. Courthouse
 402 East State Street, Room 129
 Trenton, NJ 08608-1507

# 000154430 - MB		
01:12 PM, September 10, 2001		
Code	Qty	Amount
NF	1	\$30.00
07	1	\$170.00
ORIGINAL		
TOTAL PAID: \$200.00		
From: Anna C. Little 300 Kimball Street Suite 106 Woodbridge, NJ 07095-0000		
		3

Name of Debtor Louise PEKARCHIK Case No. _____ (Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.
 A copy of debtor's proposed plan dated _____ is attached. Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 8 YEARS (if more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (if more than one, attach additional sheet)

Name of Debtor	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY

X *AC Little* Date _____
 Signature

INDIVIDUAL / JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X *Louise Pekarchik*
 Signature of Debtor
 Date _____

X _____
 Signature of Joint Debtor
 Date _____

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X _____
 Signature of Authorized Individual

 Print or Type Name of Authorized Individual

 Title of Individual Authorized by Debtor to File this Petition
 Date _____

EXHIBIT 'A' (To be completed if debtor is a corporation requesting relief under chapter 11.)

Exhibit 'A' is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 95-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit 'B' has been completed.

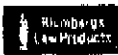
X *Louise Pekarchik* Date _____
 Signature of Debtor

X _____ Date _____
 Signature of Joint Debtor

EXHIBIT 'B' (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X *AC Little* Date _____
 Signature of Attorney



UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: **Louise Pekarchik**

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	Y	1	0.00		
B - Personal Property	Y	2	\$14,900		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	Y			\$14,168.80	
E - Creditors Holding Unsecured Priority Claims	Y	1		\$20,593.64	
F - Creditors Holding Unsecured Nonpriority Claims	Y	3		\$88,781.79	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Y	1			
I - Current Income of Individual Debtor(s)	Y	3			
J - Current Expenditures of Individual Debtor(s)	Y	1			1370.00
Total Number of Sheets of All Schedules					
Total Assets			\$14,900		
				Total Liabilities	\$123,544.23

In re: Louise Pekarchik

Debtor(s)

Case No.

(# known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total ->				\$

(Report also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Penn Federal Savings Bank 77 Main Street Farmingdale, NJ 07720 Account# 123-703-1164		700.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings including audio, video and computer equipment.	X	Kitchen set, couch love seat, dinnerware, bedroom set refridgator, microwave, stove, TV, lamps, end tables		880.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X	Assorted casual clothing		600.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

In re: Louise Pekarchik

Debtor(s) Case No. (if known)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.		IRA Account CD through employer		12,00.00
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interest in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.				
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.		2000 tax refund		900.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		1993 Jeep Cherokee		2,000.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)				Total -> \$ 14,900.00

continuation sheets attached

In re: Louise Pekarchik

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
- 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Penn Federal Savings Bank Account #123-703-1164	11 U.S.C. 522 (b)(1)	700.00	700.00
1993 Jeep Cherokee	11 U.S.C. 522 (b)(1)	2000.00	2000.00
Household Furnishings; Kitchen set, couch-love seat, dinnerware bedroom furniture set, stove refridgerator, microwave, T.V., lamps, end tables	11 U.S.C. 522 (b)(1)	880.00	800.00
Assorted Casual clothing	11 U.S.C. 522 (b)(1)	600.00	600.00
IRA (employer held)	11 U.S.C. 522 (b)(1)	12,000.00	12,000.00
Tax Refund	11 U.S.C. 522 (b)(1)	900.00	900.00

In re: Louise Pekarchik

Debtor(s)

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C # 4168100008110106 First Select, Inc. c/o P.O. Box 1269 Mt. Laurel, NJ 20725			Judgement entered 11/2/2000 Docket # DC011498-00		\$7,120.38	
			VALUE \$			
A/C # 4271110139094511 Amoco Visa Associates National Bank P.O. Box 142289 Irving, TX 75014			Judgement entered 11/12/2000 Docket# DC 669-01		\$7,048.42	
			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			

Subtotal -> \$

Total -> \$

continuation sheets attached

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

**EICHENBAUM, KANTROWITZ,
LEFF & GULKO, L.L.C.**

Attorneys at Law

140 Sylvan Avenue -- PO Box 1660
Englewood Cliffs, New Jersey 07632-0660

Richard Eichenbaum, Esq.¹
Ralph Gulko, Esq.²
Harry Stylianou, Esq.³
Michael Lamolino, Esq.³

(201) 302-5100
FAX: (201) 302-5142

¹ NJ & FLA Bar
² NJ, NY & PA Bar
³ NJ & PA Bar

September 12, 2000

LOUISE PEKARCHIK
697 SNOWDROP CT
MORGANVILLE NJ 07751-1765

RE: ASSOCIATES NATIONAL BANK (DELAWARE)

EKLG #: 72000580
ACCOUNT #: 4271110139094511
BALANCE DUE: \$6,847.47

Dear Ms. PEKARCHIK:

Please take notice that your account has been placed with this office for collection and possible legal action by the creditor set forth above. There is now due and owing the sum of **\$6,847.47**.

We will assume that this debt is valid unless you dispute the same within thirty (30) days from your receipt of this notice. If, for any reason, you dispute this debt or any portion thereof, you may notify us of same **in writing** within thirty (30) days from receipt of this notice. We will then obtain verification of your obligation or, if the debt is founded upon a judgment, a copy of the judgment, and we will mail you a copy of such verification or judgment.

We will provide you with the name and address of the original creditor, if different from the current creditor, if you make written request for the same within 30 days from receipt of this notice. After such verification has been provided to you we will demand payment in full or proceed as stated.

Payment must be sent directly to this Office and should include our EKLG file number (72000580). You may contact Rosalyn Rose of this Office at (201) 302-5131 in order to discuss this matter.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

EICHENBAUM, KANTROWITZ, LEFF & GULKO, LLC

L101

1-201-302-
5122
Acc#

SPECIAL CIVIL PART SUMMONS AND RETURN OF SERVICE - PAGE 2

Plaintiff or Plaintiff's Attorney Information:
EICHENBAUM, KANTROWITZ, LEFF & GULKO, LLC.
140 Sylvan Avenue - PO BOX 1660
Englewood Cliffs, NJ 07632-0660
Attorneys for Plaintiff
201-302-5100
EKLG NO: 72000560

Costs & Mileage \$6,847.47
Attorney Fee \$49.00
TOTAL \$151.95
\$7,048.42

ASSOCIATES NATIONAL BANK (DELAWARE)

Plaintiff

-vs-

LOUISE PEKARCHIK

Defendant(s)

SUPERIOR COURT OF NEW JERSEY LAW
DIVISION SPECIAL CIVIL PART
MONMOUTH COUNTY

P.O. Box 1270
Freehold, NJ 07728-1270

Docket No: DC 669-01
(to be provided by the court)

Civil Action
SUMMONS
(Circle one): Contract or Tort

Defendant(s) Information: Name, Address & Phone

LOUISE PEKARCHIK 697 SNOWDROP CT MORGANVILLE NJ 07751-1765 Phone (if known):
732/591-5790

Date Served: _____

RETURN OF SERVICE IF SERVED BY COURT OFFICER (For Court use Only)

Docket Number: _____ Date: _____ Time: _____
WF _____ BM _____ BF _____ OTHER _____
HT _____ WT _____ AGE _____ HAIR _____ MUSTACHE _____ BEARD _____ GLASSES _____
NAME: _____ RELATIONSHIP: _____

Description of Premises:

I hereby certify the above to be true and accurate:

Court Officer

RETURN OF SERVICE IF SERVED BY MAIL (For Court Use Only)

I, _____ hereby certify that on _____, I mailed a copy of the within Summons
and Complaint by regular and certified mail-return receipt requested.

Employee Signature

THE SUPERIOR COURT OF NEW JERSEY
Law Division, Special Civil Part

SUMMONS

YOU ARE BEING SUED!

IF YOU WANT THE COURT TO HEAR YOUR SIDE OF THIS LAWSUIT, YOU MUST FILE A WRITTEN ANSWER WITH THE COURT WITHIN 20 DAYS OR THE COURT MAY RULE AGAINST YOU. READ ALL OF THIS PAGE AND THE NEXT PAGE FOR DETAILS.

In the attached Complaint, the person suing you (who is called the Plaintiff) briefly tells the Court his or her version of the facts of the case and how much money he or she claims you owe. **You are cautioned that if you do not answer the Complaint, you may lose the case automatically**, and the Court may give the Plaintiff what the Plaintiff is asking for, plus interest and Court costs. If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment and the judgment is valid for 20 years.

You can do one or more of the following things:

1. Answer the Complaint. An answer form is available at the Office of the Clerk of the Special Civil Part. The answer form shows you how to respond in writing to the claims stated in the Complaint. If you decide to answer, you must send it to the Court's address on page 2 and pay a \$10 filing fee with your answer and send a copy of the answer to the Plaintiff's lawyer, or to the Plaintiff if the Plaintiff does not have a lawyer. Both of these steps must be done **within 20 days (including weekends)** from the date you were "served" (sent the Complaint). That date is noted on the next page.

AND/OR

2. Resolve the dispute. You may wish to contact the Plaintiff's lawyer, or the Plaintiff if the Plaintiff does not have a lawyer, to resolve this dispute. **You do not have to do this unless you want to.** This may avoid the entry of a judgment and the Plaintiff may agree to accept payment arrangements, which is something that cannot be forced by the Court. Negotiating with the Plaintiff or the Plaintiff's attorney will not stop the 20 day period for filing an answer unless a written agreement is reached and filed with the Court.

AND/OR

3. Get a lawyer. If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at 732-866-0020. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at 732-431-5544.

If you need an interpreter or an accommodation for a disability, you must notify the Court immediately.

La traduccion al espanol se encuentra al dorso de esta pagina.

Clerk of the Special Civil Part

NOTIFICACION DE DEMANDA

¡LE ESTAN HACIENDO JUICIO!

SI UD. QUIERE QUE EL TRIBUNAL VEA SU VERSION DE ESTA CAUSA, TIENE QUE PRESENTAR UNA CONTESTACION ESCRITA EN EL TRIBUNAL DENTRO DE UN PERIODO DE 20 DIAS O ES POSIBLE QUE EL TRIBUNAL DICTAMINE EN SU CONTRA. PARA LOS DETALLES, LEA TODA ESTA PAGINA Y LA QUE SIGUE.

En la demanda adjunta, la persona que le esta haciendo juicio (que se llama el demandante) di al juez su version breve de los hechos del caso y la suma de dinero que alega que Ud. le debe. Se le advierte que si Ud. no contesta la demanda, es posible que pierda la causa automaticamente y que el tribunal de al demandante lo que pide mas intereses y costas. Si se registra una decision en su contra, es posible que un Oficial de la Parte Civil Especial (Special Civil Part Officer) embargue su dinero, salario o bienes muebles para pagar toda o parte de la adjudicacion, y la adjudicacion tiene 20 anos de vigencia.

Usted puede escoger entre las siguientes opciones:

1. **Contestar la demanda.** Puede conseguir un formulario de contestacion en la Oficina del Secretario de la Parte Civil Especial. El formulario de contestacion le indica como responder por escrito a las alegaciones expuestas en la demanda. Si Ud. decide contestar, tiene que enviar su contestacion a la direccion del tribunal que figura en la pagina 2, pagar un gasto de iniciacion de la demanda de \$10 dolares y enviar una copia de la contestacion al abogado del demandante, o al demandante si el demandante no tiene abogado. Tiene 20 dias (que incluyen fines de semana) para hacer los tramites a partir de la fecha en que fue "notificado" (le enviaron la demanda). Esa fecha se anota en la pagina que sigue.

ADEMAS, O DE LO CONTRARIO, UD. PUEDE

2. **Resolver la disputa.** Posiblemente Ud. quiera comunicarse con el abogado del demandante, o el demandante si el demandante no tiene abogado, para resolver esta disputa. No tiene que hacerlo si no quiere. Esto puede evitar que se registre una adjudicacion y puede ser que el demandante este de acuerdo con aceptar un convenio de pago lo cual es algo que el juez no puede imponer. Negociaciones con el demandante o el abogado del demandante no suspenderan el termino de 20 dias para registrar una contestacion a menos que se llegue a un acuerdo escrito que se registra en el tribunal.

ADEMAS, O DE LO CONTRARIO, UD. PUEDE

3. **Conseguir un abogado.** Si Ud. no tiene dinero para pagar a un abogado, es posible que pueda recibir consejos legales gratuitos comunicandose con Servicios Legales (Legal Services) al 732-866-0020. Si tiene dinero para pagar a un abogado pero no conoce ninguno puede llamar a Servicios de Recomendacion de Abogados (Lawyer Referral Services) del Colgeio de Abogados (Bar Association) de su condado local al 732-431-5544.

Si necesita un interprete o alguna acomodacion para un impedimento, tiene que notificarselo inmediatamente al tribunal.

CV: 72(X)1580

Secretario de la Parte Civil Especial

EICHENBAUM, KANTROWITZ, LEFF & GULKO, LLC
140 SYLVAN AVENUE
PO BOX 1660
ENGLEWOOD CLIFFS, NJ 07632-0660
201-302-5100
Attorneys for Plaintiff
Forw#: 241

EKLG NO: 72000580

FILED

ASSOCIATES NATIONAL BANK
(DELAWARE)

Plaintiff

-vs-

LOUISE PEKARCHIK

Defendant(s)

DOCKET NO:

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
MONMOUTH COUNTY
SPECIAL CIVIL PART

CIVIL ACTION
COMPLAINT

DC 669-01

Plaintiff, ASSOCIATES NATIONAL BANK (DELAWARE), whose offices are situated at 6400 Los Calinas Blvd. Irving, Tx., complaining of Defendant(s), LOUISE PEKARCHIK, says:

1. Defendant(s), LOUISE PEKARCHIK, is/are indebted to Plaintiff arising out of purchases of goods and/or services and/or cash advances with a Visa Card.
2. There is now due and owing to the Plaintiff from Defendant(s) the sum of \$6,847.47 including all charges together with interest, service charges and costs which the defendant(s) agreed to pay in accordance with the terms and conditions of his/her account.
3. Demand for payment has been made, but has gone without heed.
4. The Plaintiff may have other accounts which concern the defendant(s) herein but--to the knowledge of Plaintiff's Attorneys--are not the subject matter of any pending action at this time.

WHEREFORE, Plaintiff, ASSOCIATES NATIONAL BANK (DELAWARE), demands Judgment against the Defendant(s), LOUISE PEKARCHIK, in the amount of \$6,847.47, together with interest, attorneys fees and costs of suit.

EICHENBAUM, KANTROWITZ, LEFF & GULKO, L.L.C.

BY: 

MICHAEL F. LAMOLINO

DATED: November 17, 2000

P662-P1

SPECIAL CIVIL PART SUMMONS AND RETURN OF SERVICE - PAGE 2

Plaintiff or Plaintiff's Attorney Information:
EICHENBAUM, KANTROWITZ, LEFF & GULKO, L.L.C.
140 Sylvan Avenue - PO BOX 1680
Englewood Cliffs, NJ 07632-0660
Attorneys for Plaintiff
201-302-5100
EKLG NO: 72000580

Demand \$6,847.47
Filing Fee & Milage \$49.00
Attorneys Fee \$151.95
TOTAL \$7,048.42

ASSOCIATES NATIONAL BANK (DELAWARE)

Plaintiff

-vs-

LOUISE PEKARCHIK

Defendant(s)

SUPERIOR COURT OF NEW JERSEY LAW
DIVISION SPECIAL CIVIL PART
MONMOUTH COUNTY

P.O. Box 1270
Freehold, NJ 07728-1270

Docket No: DC 669-01
(to be provided by the court)

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SUMMONS
(Circle one): Contract or Tort

Defendant(s) Information: Name, Address & Phone

LOUISE PEKARCHIK 697 SNOWDROP CT MORGANVILLE NJ 07751-1765 Phone (if known):
732/591-5790

Date Served: _____

RETURN OF SERVICE IF SERVED BY COURT OFFICER (For Court use Only)

Docket Number: _____ Date: _____ Time: _____

WF _____ BM _____ BF _____ OTHER _____
HT _____ WT _____ AGE _____ HAIR _____ MUSTACHE _____ BEARD _____ GLASSES _____

NAME: _____ RELATIONSHIP: _____

Description of Premises:

I hereby certify the above to be true and accurate:

Court Officer

RETURN OF SERVICE IF SERVED BY MAIL (For Court Use Only)

I, _____ hereby certify that on _____, I mailed a copy of the within Summons
and Complaint by regular and certified mail-return receipt requested.

Employee Signature

THE SUPERIOR COURT OF NEW JERSEY
Law Division, Special Civil Part

SUMMONS

YOU ARE BEING SUED!

IF YOU WANT THE COURT TO HEAR YOUR SIDE OF THIS LAWSUIT, YOU MUST FILE A WRITTEN ANSWER WITH THE COURT WITHIN 20 DAYS OR THE COURT MAY RULE AGAINST YOU. READ ALL OF THIS PAGE AND THE NEXT PAGE FOR DETAILS.

In the attached Complaint, the person suing you (who is called the Plaintiff) briefly tells the Court his or her version of the facts of the case and how much money he or she claims you owe. **You are cautioned that if you do not answer the Complaint, you may lose the case automatically**, and the Court may give the Plaintiff what the Plaintiff is asking for, plus interest and Court costs. If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment and the judgment is valid for 20 years.

You can do one or more of the following things:

1. **Answer the Complaint.** An answer form is available at the Office of the Clerk of the Special Civil Part. The answer form shows you how to respond in writing to the claims stated in the Complaint. If you decide to answer, you must send it to the Court's address on page 2 and pay a \$10 filing fee with your answer and send a copy of the answer to the Plaintiff's lawyer, or to the Plaintiff if the Plaintiff does not have a lawyer. Both of these steps must be done **within 20 days (including weekends)** from the date you were "served" (sent the Complaint). That date is noted on the next page.

AND/OR

2. **Resolve the dispute.** You may wish to contact the Plaintiff's lawyer, or the Plaintiff if the Plaintiff does not have a lawyer, to resolve this dispute. **You do not have to do this unless you want to.** This may avoid the entry of a judgment and the Plaintiff may agree to accept payment arrangements, which is something that cannot be forced by the Court. Negotiating with the Plaintiff or the Plaintiff's attorney will not stop the 20 day period for filing an answer unless a written agreement is reached and filed with the Court.

AND/OR

3. **Get a lawyer.** If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at 732-866-0020. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at 732-431-5544.

If you need an interpreter or an accommodation for a disability, you must notify the Court immediately.

La traducción al español se encuentra al dorso de esta página.

NOTIFICACION DE DEMANDA

¡LE ESTAN HACIENDO JUICIO!

SI UD. QUIERE QUE EL TRIBUNAL VEA SU VERSION DE ESTA CAUSA, TIENE QUE PRESENTAR UNA CONTESTACION ESCRITA EN EL TRIBUNAL DENTRO DE UN PERIODO DE 20 DIAS O ES POSIBLE QUE EL TRIBUNAL DICTAMINE EN SU CONTRA. PARA LOS DETALLES, LEA TODA ESTA PAGINA Y LA QUE SIGUE.

En la demanda adjunta, la persona que le esta haciendo juicio (que se llama el demandante) di al juez su version breve de los hechos del caso y la suma de dinero que alega que Ud. le debe. **Se le advierte que si Ud. no contesta la demanda, es posible que pierda la causa automaticamente** y que el tribunal de al demandante lo que pide mas intereses y costas. Si se registra una decision en su contra, es posible que un Oficial de la Parte Civil Especial (Special Civil Part Officer) embargue su dinero, salario o bienes muebles para pagar toda o parte de la adjudicacion, y la adjudicacion tiene 20 anos de vigencia.

Usted puede escoger entre las siguientes opciones:

1. Contestar la demanda. Puede conseguir un formulario de contestacion en la Oficina del Secretario de la Parte Civil Especial. El formulario de contestacion le indica como responder por escrito a las alegaciones expuestas en la demanda. Si Ud. decide contestar, tiene que enviar su contestacion a la direccion del tribunal que figura en la pagina 2, pagar un gasto de iniciacion de la demanda de \$10 dolares y enviar una copia de la contestacion al abogado del demandante, o al demandante si el demandante no tiene abogado. Tiene **20 dias (que incluyen fines de semana)** para hacer los tramites a partir de la fecha en que fue "notificado" (le enviaron la demanda). Esa fecha se anota en la pagina que sigue.

ADEMAS, O DE LO CONTRARIO, UD. PUEDE

2. Resolver la disputa. Posiblemente Ud. quiera comunicarse con el abogado del demandante, o el demandante si el demandante no tiene abogado, para resolver esta disputa. **No tiene que hacerlo si no quiere.** Esto puede evitar que se registre una adjudicacion y puede ser que el demandante este de acuerdo con aceptar un convenio de pago lo cual es algo que el juez no puede imponer. Negociaciones con el demandante o el abogado del demandante no suspenderan el termino de 20 dias para registrar una contestacion a menos que se llegue a un acuerdo escrito que se registra en el tribunal.

ADEMAS, O DE LO CONTRARIO, UD. PUEDE

3. Conseguir un abogado. Si Ud. no tiene dinero para pagar a un abogado, es posible que pueda recibir consejos legales gratuitos comunicandose con Servicios Legales (Legal Services) al 732-866-0020. Si tiene dinero para pagar a un abogado pero no conoce ninguno puede llamar a Servicios de Recomendacion de Abogados (Lawyer Referral Services) del Colegio de Abogados (Bar Association) de su condado local al 732-431-5544.

Si necesita un interprete o alguna acomodacion para un impedimento, tiene que notificarselo inmediatamente al tribunal.

EKLG#: 72000580

Secretario de la Parte Civil Especial

EICHENBAUM, KANTROWITZ, LEFF & GULKO, LLC
140 SYLVAN AVENUE
PO BOX 1660
ENGLEWOOD CLIFFS, NJ 07632-0660
201-302-5100
Attorneys for Plaintiff
Forw#: 241

EKLG NO: 72000580 **RECEIVED & FILED**

NOV 27 2000

SPECIAL CIVIL PART

**ASSOCIATES NATIONAL BANK
(DELAWARE)**

Plaintiff

-vs-

LOUISE PEKARCHIK

Defendant(s)

DOCKET NO:

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
MONMOUTH COUNTY
SPECIAL CIVIL PART

CIVIL ACTION
COMPLAINT

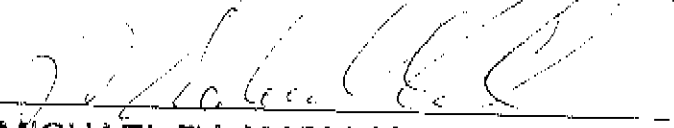
DC 669-01

Plaintiff, ASSOCIATES NATIONAL BANK (DELAWARE), whose offices are situated at 6400 Los Calinas Blvd. Irving, Tx., complaining of Defendant(s), LOUISE PEKARCHIK, says:

1. Defendant(s), LOUISE PEKARCHIK, is/are indebted to Plaintiff arising out of purchases of goods and/or services and/or cash advances with a Visa Card.
2. There is now due and owing to the Plaintiff from Defendant(s) the sum of \$6,847.47 including all charges together with interest, service charges and costs which the defendant(s) agreed to pay in accordance with the terms and conditions of his/her account.
3. Demand for payment has been made, but has gone without heed.
4. The Plaintiff may have other accounts which concern the defendant(s) herein but--to the knowledge of Plaintiff's Attorneys--are not the subject matter of any pending action at this time.

WHEREFORE, Plaintiff, ASSOCIATES NATIONAL BANK (DELAWARE), demands Judgment against the Defendant(s), LOUISE PEKARCHIK, in the amount of \$6,847.47, together with interest, attorneys fees and costs of suit.

EICHENBAUM, KANTROWITZ, LEFF & GULKO, L.L.C.

BY: 
MICHAEL F. LAMOLINO

DATED: November 17, 2000
P662-P1

**EICHENBAUM, KANTROWITZ,
LEFF & GULKO, L.L.C.**

Attorneys at Law
140 Sylvan Avenue -- PO Box 1660
Englewood Cliffs, New Jersey 07632-0660

Richard Eichenbaum, Esq.¹
Ralph Gulko, Esq.²
Harry Stylianou, Esq.³
Michael Lamolino, Esq.³

(201) 302-5100
FAX: (201) 302-5142

¹ NJ & FLA Bar
² NJ, NY & PA Bar
³ NJ & PA Bar

March 29, 2001

LOUISE PEKARCHIK
697 SNOWDROP CT
MORGANVILLE NJ 07751-1765

RE: ASSOCIATES NATIONAL BANK
(DELAWARE)


LOUISE PEKARCHIK
EKLG #: 72000580
DOCKET #: DC-000669-01
BALANCE DUE: \$6,245.52

Dear Ms. PEKARCHIK:

You are hereby served with an **Information Subpoena** with regard to the judgment entered against you in the above-captioned matter. You must answer the questions set forth in the Information Subpoena and return the same to this office within the next 14 days. Please read the instructions carefully.

This is an attempt to collect a debt and any information obtained will be used for that purpose. This office is acting in the capacity of a "debt collector."

EICHENBAUM, KANTROWITZ, LEFF & GULKO, L.L.C.

BY:  _____

Enclosure

P910

IMPORTANT NOTICE:

PLEASE READ CAREFULLY

**FAILURE TO COMPLY WITH THIS INFORMATION SUBPOENA
MAY RESULT IN YOUR ARREST AND INCARCERATION.**

**EICHENBAUM, KANTROWITZ, LEFF
& GULKO, L.L.C.**

140 SYLVAN AVENUE - PO BOX 1660
ENGLEWOOD CLIFFS, NJ 07632-0860
201-302-5100
Attorneys for Plaintiff

EKLG NO: 72000580

**ASSOCIATES NATIONAL BANK
(DELAWARE)**

Plaintiff

-vs-

LOUISE PEKARCHIK

Defendant(s)

DOCKET NO: DC-000669-01

**SUPERIOR COURT OF NEW JERSEY LAW
DIVISION
MONMOUTH COUNTY
SPECIAL CIVIL PART**

**CIVIL ACTION
INFORMATION SUBPOENA**

THE STATE OF NEW JERSEY, to: LOUISE PEKARCHIK

Judgment has been entered against you in the Superior Court of New Jersey, Law Division, Special Civil Part, MONMOUTH County, on March 25, 2001, in the amount of \$6,097.47 plus costs, of which \$6,245.52 together with interest from March 25, 2001, remains due and unpaid.

Attached to this Information Subpoena is a list of 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 an attorney or the clerk of the court for information on making such a motion. Even if you dispute the judgment you must answer all 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: March 29, 2001

EICHENBAUM, KANTROWITZ, LEFF & GULKO, L.L.C.
Attorneys for the Plaintiff

Caroline Caldwell, Clerk

This is an attempt to collect a debt and any information obtained will be used for that purpose. This office is acting in the capacity of a "debt collector."

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 the amount, how often, and the name and address of the source:

Type	Amount & Frequency	Name & Address of source
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 owners or owners
- (b) Date property was purchased
- (c) Purchase Price
- (d) Name and address of mortgage holder

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 address 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.

Yes _____ No _____

If the answer is "yes," you must itemize all personal property owned by you.

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 to the lienholder

(c) License plate #

(d) Vehicle identification #

15. Do you own a business?

Yes _____ No _____ If yes, state the following:

(a) Name and address of the business

(b) Is the business a Corporation _____, sole proprietorship _____, or partnership _____?

(c) The name and address of all stockholders, officers and/or partners

(d) The amount of income received by you from the business during the last twelve months.

16. Set forth all other judgments that you are aware of that have been entered against you and include:

Creditor's Name	Creditor's Attorney	Amount Due	Name of Court	Docket #
-----------------	---------------------	------------	---------------	----------

I hereby 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.

Date:
P910

LOUISE PEKARCHIK

**SUPERIOR COURT OF NEW JERSEY
LAW DIVISION, SPECIAL CIVIL PART
MONMOUTH COUNTY
(732)577-6754**

Re: ASSOCIATES NATIONAL BANK v. LOUISE PEKARCHIK

Docket No. DC 0669-01

**NOTICE TO DEBTOR
(R.6:7-1 (b))**

To: LOUISE PEKARCHIK, designated defendant:

Your asset ~~automobile~~ (plate number _____), or account No. 132231164 in the amount of \$ 1074.71 at the FEDERAL SAVINGS BANK has been levied upon at the instruction of EICHENDANK ET AL to satisfy in whole or in part the judgment against you in the above matter. Some property may be exempt from execution by Federal and State law, including but not limited to clothing and a total of \$1,000.00 of cash and personal property, except for goods purchased as part of the transaction which led to the judgment in this case. In addition, welfare benefits, social security benefits, S.S.I. benefits, V.A. benefits, unemployment benefits, workers' compensation benefits and child support you receive a exempt, even if the funds have been deposited in a bank account.

If the levy is against a bank account, the bank has already been notified to place a hold on your account. However, the funds will not be taken from your account until the Court so orders. You may claim your exemption by notifying the Clerk of the Court and the person who ordered this levy of your reasons why your property is exempt. This claim must be in writing and if it is not mailed within 10 days of service of this notice, your property is subject to further proceedings for execution. The address of the Court is 71 Monument Park, Freehold, NJ 07728. The address of the person who ordered this levy is: PO BOX 1660 ENGLEWOOD CLIFF NJ 07632

CERTIFICATION OF SERVICE

I mailed a copy of this notice to the defendant(s), the Clerk of the above named Court and the person who requested the levy on 8/16, 2001, the same day this Levy was made. I certify that the foregoing statements made by me are true. I am aware that if the foregoing statements made by me are willfully false, I am subject to the punishment.

Date: 8/16, 2001

Wesley Robinson
(Signature)

WESLEY ROBINSON
(Court Officer)

PLEASE NOTIFY COURT OF DISABILITY ACCOMMODATIONS.

*Lyons, Doughty
& Veldhuis, P.C.*

1285 Route 73 • Suite 310 • P.O. Box 1269 • Mt. Laurel, NJ 08054
1148 Pulaski Highway • PMB313 • Bear, DE 19701
Email: ldvlaw@ldvlaw.com • Website: www.ldvlaw.com
DE (302) 428-1670 • PA (215) 747-7735 • PA (412) 765-2221
September 7, 2000 NJ (856) 802-1488 • Fax (856) 802-2801
REPLY TO NJ ADDRESS

Louise Pekarchik
697 Snowdrop Court
Morganville, New Jersey 07751-1765

Re: First Select, Inc.
Account No. 4169100008110106
Balance Due \$6,387.27

Dear Ms. Pekarchik:

Please be advised that this office represents First Select in connection with your account.

We have been advised that your account is currently in default. Due to your default in payments, First Select has elected to accelerate the entire unpaid balance on your account.

Please accept this letter as First Select's demand for payment. If you want to resolve this matter I suggest you take one of the following actions:
You must pay the balance in full, OR

Contact my client at 800-280 0559 to work out a payment arrangement that is acceptable to my client.

Notwithstanding partial payments made directly to First Select, your entire balance is due in full. Acceptance of partial payments made directly to First Select in no way nullifies their contractual right to demand the entire balance once the account is in default.

If you have any questions concerning this matter, I suggest you contact First Select at 1-800-280-0559.

Very truly yours,

David R. Lyons

IMPORTANT NOTICE CONCERNING YOUR RIGHTS

UNLESS YOU NOTIFY US IN WRITING WITHIN 30 DAYS AFTER THE RECEIPT OF THIS LETTER THAT THE VALIDITY OF THIS DEBT, OR ANY PORTION OF IT, IS DISPUTED, WE WILL ASSUME THAT THE DEBT IS VALID. IF YOU DO NOTIFY US OF A DISPUTE WE WILL OBTAIN VERIFICATION OF THE DEBT AND MAIL IT TO YOU. ALSO, UPON YOUR WRITTEN REQUEST WITHIN 30 DAYS, WE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR IF DIFFERENT FROM THE CURRENT CREDITOR. THIS LETTER IS AN ATTEMPT TO COLLECT A DEBT, AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

00 01224 0/00
DIV 100

David R. Lyons *
Stephen P. Doughty **
Hillary Veldhuis *

Kristi J. Doughty **
Joseph M. Garenore *
Linda A. Michler *

Linda S. Fassi **
Linda C. Spence **
Craig H. Lyons *

Admitted in:
• New Jersey
• Pennsylvania
• Delaware

SPECIAL CIVIL PART SUMMONS AND RETURN OF SERVICE

Plaintiff or Plaintiff's Attorney Information:

Name:
LYONS, DOUGHTY & VELDHUIS, P.C.
Address:
1288 Route 73, Suite 310
P.O. Box 1269
Mt. Laurel, New Jersey 08054
Telephone: 856-802-1488

Demand Amount....\$6,816.18
Filing Fee.....\$
Service Fee.....\$
Attorney's Fees..\$
TOTAL.....\$

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION, SPECIAL CIVIL PART

FIRST SELECT, INC.

Plaintiff

MONMOUTH COUNTY
Special Civil Part
Court & Monument Streets
Freehold, NJ 07728
Telephone No. 732-577-6736

versus

LOUISE PEKARCHIK

Defendant

Docket Number: DC-011498-00

Civil Action

SUMMONS

(Contract)

Defendant's Information: Name, Address & Phone

LOUISE PEKARCHIK
697 Snowdrop Court
Morganville, New Jersey 07751-1765

Date Served: _____

RETURN OF SERVICE IF SERVED BY COURT OFFICER (For Court Use Only)

Docket Number: _____ Date: _____ Time: _____
WM ___ WF ___ BM ___ BF ___ OTHER ___ HT ___ WT ___ Age ___ MUSTACHE ___ BEARD ___ GLASSES ___
NAME: _____ RELATIONSHIP _____
Description of Premises _____

I hereby certify the above return to be true and accurate:

_____ Court Officer

RETURN OF SERVICE IF SERVED BY MAIL (For Court Use Only)

I, _____, hereby certify that on _____, I mailed a copy of the within summons and complaint by regular and certified mail, return receipt requested.

_____ Employee Signature

FILED

LYONS, DOUGHTY & VELDHUIS, P.C.
1288 Route 73, Suite 310
P.O. Box 1269
Mt. Laurel, New Jersey 08054
Telephone: 856-802-1488
Attorneys for Plaintiff

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
SPECIAL CIVIL PART
MONMOUTH COUNTY
DOCKET NO.

DC-011498-00

FIRST SELECT, INC.

Plaintiff,

v.

LOUISE PEKARCHIK

Defendant.

:
:
:
: CIVIL ACTION
:
: COMPLAINT
:
:
:
:
:
:
:
:

Plaintiff, by way of Complaint, says:

FIRST COUNT

1. The Plaintiff First Select, Inc. is a Delaware corporation, organized and existing under the laws of the State of Delaware with its principal place of business at 4460 Rosewood Drive, Pleasanton, California 94588. Plaintiff is the owner of the account, which is the subject matter of this action.

2. The Defendant requested an account, (now account no:4168100008110106) which is owned by the Plaintiff, subsequent to the acquisition of the account an Account Agreement was sent to the Defendant. A copy of the Account Agreement is attached hereto as Exhibit "A" and made a part hereof.

3. Pursuant to the terms and provisions thereof, the Defendant became indebted to the Plaintiff.

4. The Defendant defaulted under the terms of said Account Agreement in that Defendant failed to make the payments due, and Plaintiff has elected the entire unpaid balance to be due and payable.

5. Said Account Agreement provides for a reasonable collection fee when placed in the hands of an outside attorney's office for purposes of collection. Under the appropriate New Jersey Statute, N.J.S.A. 17:9A-59.7, the New Jersey legislature has set the fee for similar New Jersey Contracts at fifteen percent (15%) of the first \$750.00, and ten percent (10%) of the excess balance due, not to exceed \$500.00. The foregoing statute is not controlling as to Plaintiff's credit card and Plaintiff has contracted with its counsel to pay a higher fee that the parties have agreed to be reasonable. However, for purposes of efficiency and expediency, Plaintiff is willing to accept the lower fee deemed to be "reasonable" by the New Jersey legislature.

6. There is now due from Defendant to Plaintiff the following:

BALANCE DUE	\$6,316.18
ATTORNEY'S FEE	\$500.00
TOTAL DUE	\$6,816.18

WHEREFORE, Plaintiff demands judgment for the above total due, plus interest and costs.

SECOND COUNT

7. Plaintiff incorporates the allegations of the first count as though set forth at length herein.

8. By virtue of Defendant's failure to repay the balance on this account Defendant has been unjustly enriched at Plaintiff's expense.

LYONS, DOUGHTY & VELDHUIS, P.C.
Attorneys for Plaintiff

DATED:

By: _____
David R. Lyons

RULE 4:5-1 CERTIFICATION

The undersigned attorneys for Plaintiff certify that the matter in controversy is not the subject of any other action pending in any Court or of a pending arbitration proceeding, nor is any other action or arbitration proceeding contemplated.

LYONS, DOUGHTY & VELDHUIS, P.C.
Attorneys for Plaintiff

DATED:

By: _____
David R. Lyons

TCSI 001 CODE IHB ACCT 4168100008110106
 (12 MONTH HISTORY)
 SCREEN SELECTION (1 2 1 4) => PEKARCHIK LOUIS

	CURRENT	(01) 10/10/00	(02) 09/11/00	(03) 08/10/00	(04) 07/10/00
PAYMENT	0	2	1	0	2
100500	.00	150.00	50.00	.00	75.00
MIN PYMT	126.00	126.00	128.00	255.00	252.00
PURCHASE	0	0	0	0	0
	.00	.00	.00	.00	.00
CASH ADV	0	0	0	0	0
020900	.00	.00	.00	.00	.00
CREDITS	0	0	0	0	0
	.00	.00	.00	.00	.00
MISC CHG	0	0	0	0	0
	150.00	.00	.00	.00	.00
INS FEE	.00	.00	.00	.00	.00
LATE CHG	.00	.00	.00	5.00	.00
OVRL FEE	.00	.00	.00	.00	.00
PURC F/C	.00	.00	.00	.00	.00
CASH F/C	555.98	65.28	72.19	69.55	62.41
LIMIT	1.00	1.00	1.00	1.00	1.00
BALANCE	6,316.18	6,316.18	6,400.90	6,378.71	6,304.16

00-5224

FIRST SELECT

IMPORTANT LEGAL NOTICE

Federal law gives you 30 days after you receive this letter to dispute the validity of the debt or any part of it. If you do not dispute the validity of the debt, or any part of it, within that period, we will assume that the debt is valid. If you dispute the debt, or any part of it, in writing—by mailing us a notice to that effect on or before the 30th day following the date you received this letter—we will obtain and mail to you proof (verification) of the debt. And if, within the same period, you request in writing the name and address of the original creditor (if different from the current creditor), we will furnish you with that information too. If we do receive a timely written notice, all efforts to collect this debt will be suspended until we mail any required information to you. Your right to mail us a written notice of dispute lasts until the 30th day following the day you receive this letter. We will wait until sufficient time has elapsed for us to be able to receive a written notice of dispute from you—even if you mail it on the 30th day following the date you received this letter—before referring your account to an attorney in your state to file suit against you should it be necessary.

The purpose of this communication is to collect a debt; any information obtained will be used for collecting the debt.

ACCOUNT AGREEMENT

Your BANK OF AMERICA account has been transferred to First Select. Your BANK OF AMERICA account was closed at the time of this transfer and will therefore continue to be closed. This Account Agreement contains the terms that govern your First Select account (the "Account"). In this Agreement, "you" and "your" mean each person who is liable for payment on the Account. "We," "our," and "us" mean First Select or its assignees. Because your Account has been transferred to us, you are now obligated to repay the Account to us instead of BANK OF AMERICA. If the Account was opened as a joint account, we may act on the instructions of any joint account holder.

Payments/Finance Charges. As long as you have a balance outstanding on your Account, finance charges are calculated as follows:

To figure the finance charges for each billing cycle, we multiply the average daily balance on your account by a daily periodic rate. The daily periodic rate we apply is your Account's Annual Percentage Rate divided by 365. The Annual Percentage Rate will be calculated as disclosed in your most recent BANK OF AMERICA account terms (the "Original Terms"). If your Original Terms provided for different Annual Percentage Rates to be applied to different components of your outstanding balance, we will apply the lowest such Annual Percentage Rate on your entire outstanding balance.

We may accept late or partial payments, or payments marked "paid in full" or marked with other restrictions, without losing our right to collect all amounts owing under this Agreement. You may ask First Select to pay your Account by debiting your checking or savings account. First Select will first verify your identity and eligibility for this service. You may revoke your authorization by writing to First Select Customer Service.

Fees. We will charge your Account a fee for each billing cycle within which your Account is delinquent (late charge). The amount of the late charge will be as disclosed in your Original Terms or the maximum late charge permitted by the law of your state of residence, whichever is lower.

We will charge your Account a fee for each returned payment check (returned check charge). The amount of the returned check charge will be as disclosed in your Original Terms, or the maximum returned check charge permitted by the law of your state of residence, whichever is lower.

To the extent provided in your Original Terms and to the extent permitted by applicable law, in addition to your obligations to pay the outstanding balance on your Account, plus interest and fees as disclosed herein, we may also charge you for any collection costs we incur, including but not limited to reasonable attorney's fees and court costs. If your Original Terms provided for an award of attorney's fees and court costs, such provision as incorporated herein shall apply reciprocally to the prevailing party in any lawsuit arising out of this Agreement.

Non-Waiver of Certain Rights. We may delay or waive enforcement of any provision of this Agreement without losing our right to enforce it or any other provision later.

Applicable Law, Severability, Assignment. No matter where you live, this Agreement and your Account are governed by federal law and by the law of the state designated as the applicable law in your Original Terms. If your Original Terms did not contain an applicable law provision, then this Agreement and your Account are governed by federal law and the law of your state of residence. This Agreement is a final expression of the agreement between you and us and may not be contradicted by evidence of any alleged oral agreement. If a provision of this agreement is held to be invalid or unenforceable, you and we will consider that provision modified to conform to applicable law, and the rest of the provision in the Agreement will still be enforceable. We may transfer or assign our right to all or some of your payments. If state law requires that you receive notice of such an event to protect the purchaser or the assignee, we may give you such notice by filing a financing statement with the state's Secretary of State.

Customer Service. For general questions regarding your First Select account, please call our toll-free service number, 1-888-924-2000. For quality assurance purposes, and to improve customer service and security, telephone calls to or from our offices may be monitored or recorded.

Credit Reporting; Personal Information. If you fail to fulfill the terms of your credit obligation, a negative credit report reflecting on your credit record may be submitted to a credit reporting agency. In order to dispute any information we are reporting about your Account, you must write to us at the following address: First Select, P.O. Box 9104, Pleasanton, California 94566. We may share information with our affiliates, including, without limitation, Provident National Bank and Provident Bank. However, you may write to us at any time instructing us not to share credit information with our affiliates.

YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us in Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about an entry on your bill, write us, on a separate sheet, at the following address: First Select, P.O. Box 9104, Pleasanton, California, 94566. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In the letter, give us the following:

- Your name and Account number.
- The dollar amount of the suspected error.
- A description of the error and an explanation, if possible, of why you believe there is an error. If you need more information, describe the item you are not sure about.

Your Rights and Our Responsibilities After We Receive Your Written Notice

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct. After we receive your letter, we cannot try to collect or report you as delinquent as to any amount you question, including finance charges. We can apply any unpaid amount against your credit line. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of the bill that are not in question.

If we find that we have made a mistake on your bill, you will not have to pay any finance charge related to any questioned amount. If we did not make a mistake, you may have to pay finance charges, and you will have to make up the missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe. And the date that it is due. If you fail to pay the amount we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you question your bill. And we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is. If we do not follow these rules, we cannot collect the first \$50 of the questioned amount even if your bill was correct.

Special Rule for Credit Card Purchases

If you have a problem with the quality of goods and services that you purchased with your BANK OF AMERICA credit card and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. There are two limitations to this right: (a) you must have made the purchase in your home state or, if not within your home state, within 100 miles of your current mailing address; and (b) the purchase price must have been more than \$50. These limitations do not apply if either we or BANK OF AMERICA own or operate the merchant, or we or BANK OF AMERICA mailed you the advertisement for the property or services.

210

SPECIAL CIVIL PART SUMMONS AND RETURN OF SERVICE

Plaintiff or Plaintiff's Attorney Information:

Name:
LYONS, DOUGHTY & VELDHUIS, P.C.
Address:
1288 Route 73, Suite 310
P.O. Box 1269
Mt. Laurel, New Jersey 08054
Telephone: 856-802-1488

Demand Amount....\$6,816.18
Filing Fee.....\$
Service Fee.....\$
Attorney's Fees..\$
TOTAL.....\$

**SUPERIOR COURT OF NEW JERSEY
LAW DIVISION, SPECIAL CIVIL PART**

FIRST SELECT, INC.

Plaintiff

versus

LOUISE PEKARCHIK

Defendant

**MONMOUTH COUNTY
Special Civil Part
Court & Monument Streets
Freehold, NJ 07728
Telephone No. 732-577-6736**

Docket Number: DC-011498-01
Civil Action

SUMMONS

(Contract)

Defendant's Information: Name, Address & Phone

LOUISE PEKARCHIK
697 Snowdrop Court
Morganville, New Jersey 07751-1765

Date Served: _____

RETURN OF SERVICE IF SERVED BY COURT OFFICER (For Court Use Only)

Docket Number: _____ Date: _____ Time: _____
WM ___ WF ___ BM ___ BF ___ OTHER ___ HT ___ WT ___ Age ___ MUSTACHE ___ BEARD ___ GLASSES ___
NAME: _____ RELATIONSHIP _____
Description of Premises _____

I hereby certify the above return to be true and accurate:

_____ Court Officer

RETURN OF SERVICE IF SERVED BY MAIL (For Court Use Only)

I, _____, hereby certify that on _____, I mailed a copy of the within summons and complaint by regular and certified mail, return receipt requested.

_____ Employee Signature

3. Pursuant to the terms and provisions thereof, the Defendant became indebted to the Plaintiff.

4. The Defendant defaulted under the terms of said Account Agreement in that Defendant failed to make the payments due, and Plaintiff has elected the entire unpaid balance to be due and payable.

5. Said Account Agreement provides for a reasonable collection fee when placed in the hands of an outside attorney's office for purposes of collection. Under the appropriate New Jersey Statute, N.J.S.A. 17:9A-59.7, the New Jersey legislature has set the fee for similar New Jersey Contracts at fifteen percent (15%) of the first \$750.00, and ten percent (10%) of the excess balance due, not to exceed \$500.00. The foregoing statute is not controlling as to Plaintiff's credit card and Plaintiff has contracted with its counsel to pay a higher fee that the parties have agreed to be reasonable. However, for purposes of efficiency and expediency, Plaintiff is willing to accept the lower fee deemed to be "reasonable" by the New Jersey legislature.

6. There is now due from Defendant to Plaintiff the following:

BALANCE DUE	\$6,316.18
ATTORNEY'S FEE	\$500.00
TOTAL DUE	\$6,816.18

WHEREFORE, Plaintiff demands judgment for the above total due, plus interest and costs.

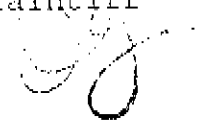
SECOND COUNT

7. Plaintiff incorporates the allegations of the first count as though set forth at length herein.

8. By virtue of Defendant's failure to repay the balance on this account Defendant has been unjustly enriched at Plaintiff's expense.

LYONS, DOUGHTY & VELDHUIS, P.C.
Attorneys for Plaintiff

DATED:


By: 
David R. Lyons

RULE 4:5-1 CERTIFICATION

The undersigned attorneys for Plaintiff certify that the matter in controversy is not the subject of any other action pending in any Court or of a pending arbitration proceeding, nor is any other action or arbitration proceeding contemplated.

LYONS, DOUGHTY & VELDHUIS, P.C.
Attorneys for Plaintiff

DATED:

By: 
David R. Lyons

TCSI 001 CODE IHB ACCT 4168100008110106		CYCLE 10 AGENT 0906				
(12 MONTH HISTORY)						
SCREEN SELECTION (1 2 1 4)						
-> PEKARCHIK LOUIS						
CURRENT	(01) 10/10/00	(02) 09/11/00	(03) 08/10/00	(04) 07/10/00		
PAYMENT	0	2	1	0	2	
100500	.00	150.00	50.00	.00	75.00	
MIN PYMT	126.00	126.00	128.00	255.00	252.00	
PURCHASE	0	0	0	0	0	
	.00	.00	.00	.00	.00	
CASH ADV	0	0	0	0	0	
020900	.00	.00	.00	.00	.00	
CREDITS	0	0	0	0	0	
	.00	.00	.00	.00	.00	
MISC CHG	0	0	0	0	0	
	150.00	.00	.00	.00	.00	
INS FEE	.00	.00	.00	.00	.00	
LATE CHG	.00	.00	.00	5.00	.00	
OVRL FEE	.00	.00	.00	.00	.00	
PURC F/C	.00	.00	.00	.00	.00	
CASH F/C	555.98	65.28	72.19	69.55	62.41	
LIMIT	1.00	1.00	1.00	1.00	1.00	
BALANCE	6,316.18	6,316.18	6,400.90	6,378.71	6,304.16	

00-5224

FIRST SELECT

IMPORTANT LEGAL NOTICE

Federal law gives you 30 days after you receive this letter to dispute the validity of the debt or any part of it. If you do not dispute the validity of the debt, or any part of it, within that period, we will assume that the debt is valid. If you dispute the debt, or any part of it, in writing—by mailing us a notice to that effect on or before the 30th day following the date you received this letter—we will obtain and mail to you proof (verification) of the debt. And if, within the same period, you request in writing the name and address of the original creditor (if different from the current creditor), we will furnish you with that information too. If we do receive a timely written notice, all efforts to collect this debt will be suspended until we mail any required information to you. Your right to mail us a written notice of dispute lasts until the 30th day following the day you receive this letter. We will wait until sufficient time has elapsed for us to be able to receive a written notice of dispute from you—even if you mail it on the 30th day following the date you received this letter—before referring your account to an attorney in your state to file suit against you should it be necessary.

The purpose of this communication is to collect a debt; any information obtained will be used for collecting the debt.

ACCOUNT AGREEMENT

Your BANK OF AMERICA account has been transferred to First Select. Your BANK OF AMERICA account was closed at the time of this transfer and will therefore continue to be closed. This Account Agreement contains the terms that govern your First Select account (the "Account"). In this Agreement, "you" and "your" mean each person who is liable for payment on the Account, "We," "our," and "us" mean First Select or its assignees. Because your Account has been transferred to us, you are now obligated to repay the Account to us instead of BANK OF AMERICA. If the Account was opened as a joint account, we may act on the instructions of any joint account holder.

Payments/Finance Charges. As long as you have a balance outstanding on your Account, finance charges are calculated as follows:

To figure the finance charges for each billing cycle, we multiply the average daily balance on your account by a daily periodic rate. The daily periodic rate we apply is your Account's Annual Percentage Rate divided by 365. The Annual Percentage Rate will be calculated as disclosed in your most recent BANK OF AMERICA account terms (the "Original Terms"). If your Original Terms provided for different Annual Percentage Rates to be applied to different components of your outstanding balance, we will apply the lowest such Annual Percentage Rate on your entire outstanding balance.

We may accept late or partial payments, or payments marked "paid in full" or marked with other restrictions, without losing our right to collect all amounts owing under this Agreement. You may ask First Select to pay your Account by debiting your checking or savings account. First Select will first verify your identity and eligibility for this service. You may revoke your authorization by writing to First Select Customer Service.

Fees. We will charge your Account a fee for each billing cycle within which your Account is delinquent (late charge). The amount of the late charge will be as disclosed in your Original Terms or the maximum late charge permitted by the law of your state of residence, whichever is lower.

We will charge your Account a fee for each returned payment check (returned check charge). The amount of the returned check charge will be as disclosed in your Original Terms, or the maximum returned check charge permitted by the law of your state of residence, whichever is lower.

To the extent provided in your Original Terms and to the extent permitted by applicable law, in addition to your obligations to pay the outstanding balance on your Account, plus interest and fees as disclosed herein, we may also charge you for any collection costs we incur, including but not limited to reasonable attorney's fees and court costs. If your Original Terms provided for an award of attorney's fees and court costs, such provision as incorporated herein shall apply reciprocally to the prevailing party in any lawsuit arising out of this Agreement.

Non-Waiver of Certain Rights. We may delay or waive enforcement of any provision of this Agreement without losing our right to enforce it or any other provision later.

Applicable Law, Severability, Assignment. No matter where you live, this Agreement and your Account are governed by federal law and by the law of the state designated as the applicable law in your Original Terms. If your Original Terms did not contain an applicable law provision, then this Agreement and your Account are governed by federal law and the law of your state of residence. This Agreement is a final expression of the agreement between you and us and may not be contradicted by evidence of any alleged oral agreement. If a provision of this agreement is held to be invalid or unenforceable, you and we will consider that provision modified to conform to applicable law, and the rest of the provision in the Agreement will still be enforceable. We may transfer or assign our right to all or some of your payments. If state law requires that you receive notice of such an event to protect the purchaser or the assignee, we may give you such notice by filing a financing statement with the state's Secretary of State.

Customer Service. For general questions regarding your First Select account, please call our toll-free service number, 1-888-924-3000. For quality assurance purposes, and to improve customer service and security, telephone calls to or from our offices may be monitored or recorded.

Credit Reporting; Personal Information. If you fail to fulfill the terms of your credit obligation, a negative credit report reflecting on your credit record may be submitted to a credit reporting agency. In order to dispute any information we are reporting about your Account, you must write to us at the following address: First Select, P.O. Box 9104, Pleasanton, California 94566. We may share information with our affiliates, including, without limitation, Provident National Bank and Provident Bank. However, you may write to us at any time instructing us not to share credit information with our affiliates.

YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us in Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about an entry on your bill, write us, on a separate sheet, at the following address: First Select, P.O. Box 9104, Pleasanton, California, 94566. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In the letter, give us the following:

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If you have a problem with the quality of goods and services that you purchased with your BANK OF AMERICA credit card and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. There are two limitations to this right: (a) you must have made the purchase in your home state or, if not within your home state, within 100 miles of your current mailing address; and (b) the purchase price must have been more than \$50. These limitations do not apply if either we or BANK OF AMERICA own or operate the merchant, or we or BANK OF AMERICA mailed you the advertisement for the property or services.

*Lyons, Doughty
& Veldhuis, P.C.*

1288 Route 73 • Suite 310 • P.O. Box 1269 • Mt. Laurel, NJ 08054
1148 Pulaski Highway • PMB313 • Bear, DE 19701
Email: ldvlaw@ldvlaw.com • Website: www.ldvlaw.com
DE (302) 428-1670 • PA (215) 747-7735 • PA (412) 765-2221
January 29, 2001 NJ (856) 802-1488 • Fax (856) 802-2801
REPLY TO NJ ADDRESS

Louise Pekarchik
697 Snowdrop Court
Morganville, New Jersey 07751-1765

PAYMENT ARRANGEMENT CONFIRMATION

Re: **First Select, Inc.**

Pursuant to our agreement, enclosed is a Consent Judgment with Terms along with a Certified Discovery. If you have not already been served, you will be served with a Summons and Complaint.

Please review the Consent Judgment and Certified Discovery. Complete the questions on the Certified Discovery and sign both on the line indicated. **Return all documents to me in the envelope provided within ten (10) days. If you fail to return these papers within ten (10) days, we will proceed with our legal remedies.**

Your check or money order made payable to the firm should be mailed to our office on or before February 15, 2001. We also enclose a coupon book with 12 coupons. Kindly submit one coupon with each payment. Upon receipt of coupon #12 a new book will be mailed to you.

Please be advised that in addition to the judgment figure, interest will accrue at the prevailing judgment rate on the unpaid balance. If additional costs are required, they will also be added to the amount of the Judgment.

If you have any questions, please contact our claims adjuster Diane Clendenning at extension 314.

THIS FIRM IS A DEBT COLLECTOR

00 05224-0/DC
LJ3.frm

David R. Lyons *
Stephen P. Doughty **
Hillary Veldhuis *

Kristi J. Doughty ***
Joseph M. Garenmore **
Linda A. Michler *

Linda S. Fossi *
Linda C. Spence **
Craig H. Lyons *

Admitted in:
• New Jersey
• Pennsylvania
• Delaware

LYONS, DOUGHTY & VELDHUIS, P.C.
1288 Route 73, Suite 310
P.O. Box 1269
Mt. Laurel, New Jersey 08054
Telephone: 856-802-1488
Attorneys for Plaintiff

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
SPECIAL CIVIL PART
MONMOUTH COUNTY
DOCKET NO. DC-011498-00

FIRST SELECT, INC.

plaintiff,

v.

LOUISE PEKARCHIK

Defendant.

CIVIL ACTION

CONSENT JUDGMENT
WITH TERMS

THIS MATTER having come before the Court on the Summons and
Complaint filed by the plaintiff, First Select, Inc.; the
parties, having consented to the entry of this Judgment on the
terms set forth below; for good cause shown and no cause to the
contrary appearing;

I
a

Lou
Def

IT IS on this _____ day of _____, 20____, ORDERED
that Final Judgment is entered in favor of the plaintiff, First
Select, Inc., and against the defendant, Louise Pekarchik for
the sum of \$6,937.93 plus costs.

00-05224-0/DC

*Lyons, Doughty
& Veldhuis, P.C.*

1288 Route 73 • Suite 310 • P.O. Box 1269 • Mt. Laurel, NJ 08054
1148 Pulaski Highway • PMB313 • Bear, DE 19701
Email: ldvlaw@ldvlaw.com • Website: www.ldvlaw.com
DE (302) 428-1670 • PA (215) 747-7735 • PA (412) 765-2221
NJ (856) 802-1488 • Fax (856) 802-2801
REPLY TO NJ ADDRESS

May 18, 2001

Anna C. Little, Esq.
300 Kimball St
Woodbridge, NJ 07095


Re: **First Select, Inc.**
v.
Louise Pekarchik

Dear Ms. Little:

Enclosed please find a copy of a Judgment OR a copy of the court's notification of the judgment of record that has been entered against your client in the amount of \$6,918.02 on March 1, 2001.

Won't you kindly contact our claims adjuster, Zachary Shansey at extension 313, upon receipt of this letter if you have any questions.

Very truly yours,


David R. Lyons

00-05224-0/28
LJA-erm

David R. Lyons *
Stephen P. Doughty **
Hillary Veldhuis *

Kristi J. Doughty **
Joseph M. Caremore **
Linda A. Michler *

Linda S. Fossi *
Linda C. Spence *
Craig H. Lyons *

Admitted in:
* New Jersey
* Pennsylvania
* Delaware

*Lyons, Doughty
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NJ (856) 802-1488 • Fax (856) 802-2801
REPLY TO NJ ADDRESS

May 17, 2001

Clerk of the Special Civil Part
MONMOUTH County

Re: **First Select, Inc. v. Louise Pekarchik, et al**
Docket Number: DC-011498-00

Please return this letter to our office with the following information:

DATE OF JUDGMENT:

3/1/01

AMOUNT OF JUDGMENT:

\$ 6,918.02

COSTS:

\$ 49.00

ATTORNEY FEES:

\$ 153.36

TOTAL:

\$ 7120.38

00-05224-0/DC

JRT:fm

David R. Lyons *
Stephen P. Doughty **
Hillary Veldhuis *

Kristi J. Doughty **
Joseph M. Garemore **
Linda A. Michler *

Linda S. Fossi *
Linda C. Spence **
Craig H. Lyons *

Admitted in:
* New Jersey
* Pennsylvania
* Delaware

In re: Debtor(s) Case No. (If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- Extensions of credit in an involuntary case**
 Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- Wages, salaries, and commissions**
 Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- Contributions to employee benefit plans**
 Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- Certain farmers and fishermen**
 Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- Deposits by individuals**
 Claims of individuals up to a maximum of \$800 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6).
- Taxes and Certain Other Debts Owed to Governmental Units**
 Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- Commitments to Maintain the Capital of an Insured Depository Institution**
 Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D -	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C#						
Sallie-Mae PO Box 4700 Wilkes-Barre, PA 18773			Student Loan		\$20,593.64	
A/C#						
A/C#						
A/C#						
A/C#						

Continuation sheets attached. Subtotal -> (Total of this page) \$
 Total -> \$
 (use only on last page of the completed Schedule E)

* If contingent, enter C; if unliquidated, enter U; if disputed, enter D. (Report total also on Summary of Schedules)

LOUISE PEKARCHIK
697 SNOWDROP CT
MORGANVILLE NJ 07751-1765

ACCOUNT NUMBER: 156-44-4470-1



Dear LOUISE PEKARCHIK,

06/01/01

Our records indicate that your loans starred below are presently in a forbearance status. Remember that you are responsible for repaying these loans. The current principal balance is \$20,593.64. You must resume making monthly payments after 11/13/01.

We estimate that \$427.43 in interest will accrue this quarter. If you wish to pay this interest now, your payment must be received no later than the 30th of this month. Please send your payments to:

SALLIE MAE
PO BOX 4700
WILKES-BARRE PA 18773-4700

Be sure to write your account number on your check.

Unpaid interest may be capitalized (added to your principal balance) more frequently than quarterly and at the end of the forbearance period. Capitalizing interest increases the amount you will pay back, and may result in a higher payment amount after the forbearance has ended.

Customer Service

Loan Information

If you have questions or concerns about your account, write to us at the address provided above.

The list below includes all the loans in your account with us. Loans marked with a star (*) are the loans referred to in this letter.

LOAN DATE	ORIGINAL LOAN AMOUNT	OUTSTANDING PRINCIPAL	INTEREST RATE	LOAN PROGRAM
* 12/06/93	\$ 2,625.00	\$ 2,715.51	8.990	STAF-SUB
* 12/06/94	3,367.00	3,411.58	8.250	STAF-SUB
* 10/23/95	3,472.00	3,581.79	8.250	STAF-SUB
* 10/28/96	2,658.00	2,721.42	8.250	STAF-SUB
* 09/12/97	2,341.00	2,415.03	8.250	STAF-SUB
* 09/21/98	2,645.00	2,728.03	8.190	STAF-SUB

PHONE (888) 272-5543 • FAX (800) 848-1949 • TDD/TTY (888) 833-7562 • 24 HRS/7 DAYS • www.salliemae.com

1564447014281999



In re: Louise Pekarchik

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # 4313 0209 4702 9114 Mena America Bank P.O.Box 15021 Willmington DE 19850					\$2052.00
A/C # 02178900 Amex P.O.Box 1270 Newark, NJ 07101-1270					\$12,212.00
A/C # 541706111207-5286 Bank Of America Sunoco Master Card c/o First Select Corp. 5040 Johnson Dr. Pleasanton CA					\$2,974.00
A/C # 541058391001 UMCCB Direct Merchants					\$7,366.00
A/C # 4029360010719224 Chase Bankcard Services P.O.Box 52188 Phoenix AZ 85072-2188					\$2,300.00
A/C # 5260310010 4774 Chase Bankcard P.O.Box 15922 Willmington DE 15850-5922					\$2,000.00
A/C # 468121101229 Wachovia Bank Card Bank Card Services P.O.Box 22058 Tulsa OK 74121					\$1,500.00
A/C # 16071619952565050 Fleet Bank of NY P.O.Box 2197 Boston, MA 02106-2197					00.00
A/C # 4356-550004485930 Nations Bank P.O.Box 7025 Dover DE 19903					00.00

Sheet no. 1 of 3 sheets attached to Schedule of Creditors Holding Nonpriority Claims.

Subtotal -> \$ 30,404.00
 (Total of this page)

* If contingent, enter C; If unliquidated, enter U; If disputed, enter D.

Total -> \$
 (use only on last page of completed Schedule F.)
 (Report total also on Summary of Schedules)

In re: Louise Pekarchik

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B Y	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM (IF CLAIM IS SUBJECT TO SETOFF, SO STATE)	C U D	AMOUNT OF CLAIM
A/C # 7001088000 14829 HRS Value City P.O.Box 17602 Baltimore MD 21297-1602					\$1,800.00
A/C # Mandee/Karin Morgen P.O.Box 1003 Totowa NJ 07511					\$00.00
A/C # 621805 7041 375-32 Bradlees c/o Citibank					\$100.00
A/C # 6-02043142 JC Penny P.O.Box 32000 Orlando FL 32890					\$100.00
A/C # 4271110139094511 Amoco Visa Associates National Bank P.O.Box 142289 Irving TX 75014-2289					\$6847.47
A/C # CB327953-0012412 Home Depot P.O.Box 17602 Atlanta GA 30353-5981					\$7,500.00
A/C # 7309 453 7560 Macy's East P.O.Box 4580 Carol Stream IL					\$00.00
A/C # 6004662250810805 Fashion Bug/ Processing Center P.O.Box 47599 San Antonio TX 78265					00.00
A/C # 0360847322219 Sears Payment Center P.O.Box 182149 Columbus OH 43218-2149					00.00
Subtotal -> (Total of this page)					\$ 16,347.47
Total -> (Report total also on Summary of Schedules)					\$

Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Nonpriority Claims.

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(use only on last page of completed Schedule F.)

(Report total also on Summary of Schedules)

Form 96 F, Cont. (10-99)

Debtor: Louise PEKARCHIJ

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U O I	AMOUNT OF CLAIM
A/C # 7900 306 0658 Service Merchandise P.O.Box 697 Dayton OH 45401					00.00
A/C # 5011-689-15940001 Sunoco P.O.Box 1466 Newark, NJ 07101					00.00
A/C # 4168100008110106 Fisrt Select Inc. c/o P.O.Box 1269 Mt. Laurel, NJ 20725					6387.27
A/C # 4313020997029592 MBNA America Bank c/o P.O.Box 159 Laurel, MD 20725					15,049.41
A/C # 5441-320030014094 G.E. Vacations					00.00
A/C # 156444470-1 Sallie Mae P.O.Box 4700 Wilkes-Barre, PA 18773-4700					20,593.64
A/C #					
A/C #					
A/C #					

Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Nonpriority Claims.

Subtotal -> \$ 42,030.32
 (Total of this page)

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

Total -> \$ 88,781.79
 (Report total also on Summary of Schedules)

In re: Louise Pekarchik

Debtor(s)

Case No.

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTORS INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: Louise Pekarchik

Debtor(s)

Case No.

(If known)

SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re: Louise Pekarchik

Debtor(s)

Case No.

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
Single	Cynthia Pekarchik		Child

Employment:	DEBTOR	SPOUSE
Occupation	Sales	
Name of Employer	Buhler Dodge, Inc.	
How long employed	2 years	
Address of Employer	131 E. Newman Springs Road Red Bank, NJ 07701	

Income: (Estimate of average monthly income)	DEBTOR	SPOUSE
Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)	\$ 1,511.36	\$
Estimate monthly overtime		
SUBTOTAL	\$	\$
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$270.61	
b. Insurance		
c. Union dues		
d. Other (Specify)		
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 270.61	\$
TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,240.75	\$
Regular income from operation of business or profession or farm (attach detailed statement)		
Income from real property		
Interest and dividends		
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.		
Social security or other government assistance (Specify)		
Pension or retirement income		
Other monthly income (Specify)		
TOTAL MONTHLY INCOME	\$ 1,240.75	\$
TOTAL COMBINED MONTHLY INCOME	\$ 1,240.75	(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:



CO. FILE DEPT. CLOCK NUMBER
 9AS 009134 100 0000031286 1

BUHLER DODGE, INC.
 131 E. NEWMANS SPRINGS RD.
 RED BANK, NJ 07701

Earnings Statement



Period Ending: 06/13/2001
 Pay Date: 06/15/2001

Social Security Number: 158-44-4470
 Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 2
 State: Table A

LOUISE L PEKARCHIK

<u>Earnings</u>	rate	hours	this period	year to date
Regular	200.00		200.00	
Bonus			100.00	690.00
New Comm.			75.00	1,082.19
Used Comm.				4,820.26
Vacation				425.07
Gross Pay			\$375.00	13,697.52

Important Notes
 HAPPY FATHERS DAY!!!

<u>Deductions</u>	Statutory		
Federal Income Tax		-31.88	1,704.23
Social Security Tax		-23.26	849.26
Medicare Tax		-5.43	198.61
NJ State Income Tax		-5.05	256.57
NJ SUI/SDI Tax		-3.47	126.70
Net Pay		\$306.92	

Your federal taxable wages this period are \$375.00



CO. FILE DEPT. CLOCK NUMBER
 9AS 009134 100 0000031298 1

Earnings Statement



BUHLER DODGE, INC.
 131 E. NEWMANS SPRINGS RD.
 RED BANK, NJ 07701

Period Ending: 06/20/2001
 Pay Date: 06/22/2001

Social Security Number: 156-44-4470
 Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 2
 State: Table A

LOUISE L PEKARCHIK

<u>Earnings</u>	rate	hours	this period	year to date
Regular	200.00		200.00	
New Comm.			97.45	3,179.64
Bonus				690.00
Used Comm.				4,820.26
Vacation				425.07
Gross Pay			\$297.45	13,994.97

Important Notes

HAPPY BIRTHDAY JOHN H JUNE 26,2001!!!

<u>Deductions</u>	Statutory		
Federal Income Tax	-20.24	1,724.47	
Social Security Tax	-18.44	867.69	
Medicare Tax	-4.32	3202.93	
NJ State Income Tax	-3.88	260.45	
NJ SUI/SDI Tax	2.75	129.43	
Net Pay		\$247.82	

Your federal taxable wages this period are \$297.45

3



BUHLER DODGE, INC.
 131 E. NEWMANS SPRINGS RD.
 RED BANK, NJ 07701

Period Ending: 07/18/2001
 Pay Date: 07/20/2001

Social Security Number: 156-44-4470
 Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 2
 State: Table A

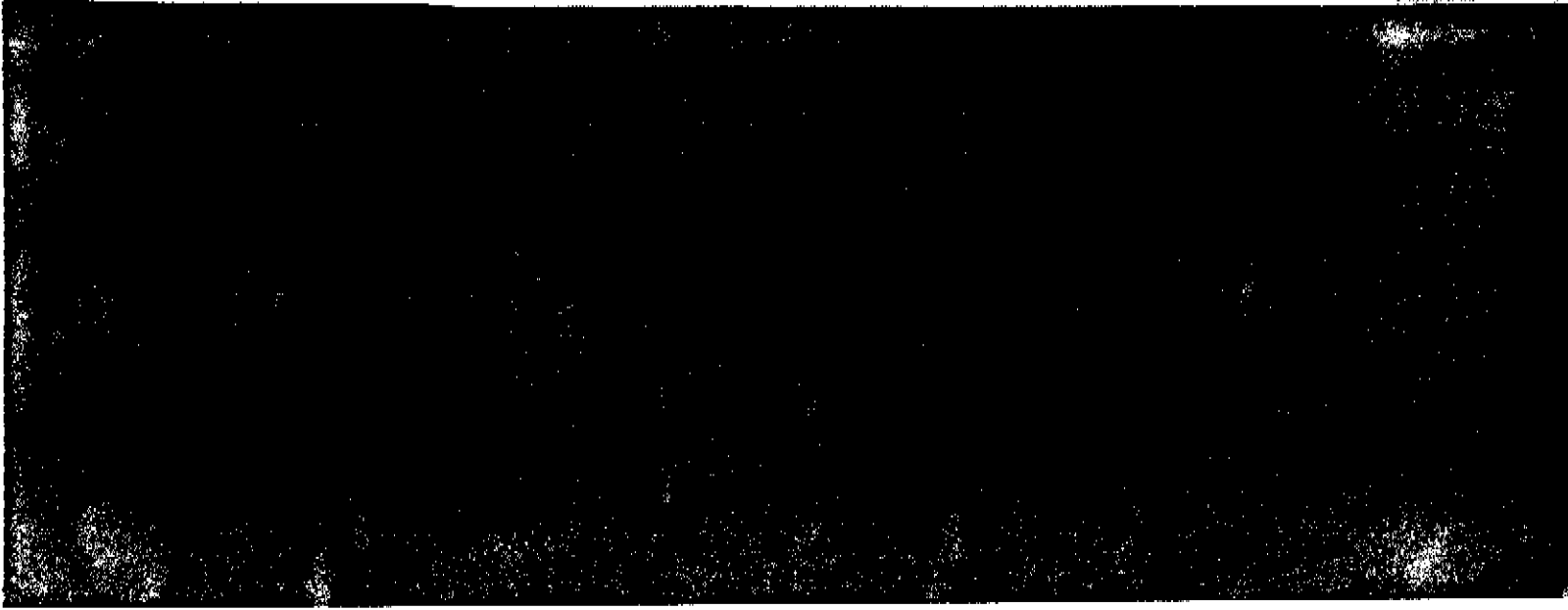
LOUISE L PEKARCHIK

Earnings	rate	hours	this period	year to date
Regular	200.00		200.00	
Used Comm.			178.99	4,999.25
Bonus				690.00
New Comm.				4,201.27
Vacation				425.07
Gross Pay			\$378.99	15,995.59

Important Notes
 T.G.I.F!!!!!!

Deductions	Statutory		
Federal Income Tax		-32.47	1,927.07
Social Security Tax		-23.50	991.73
Medicare Tax		-5.50	231.94
NJ State Income Tax		-5.11	289.92
NJ SUI/SDI Tax		-3.51	147.96
Net Pay		\$308.90	

Your federal taxable wages this period are \$378.99





In re: Louise Pekarchik Debtor(s) Case No. (if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home) \$ 520.00

Are real estate taxes included? Yes No Is property insurance included? Yes No

Utilities Electricity and heating fuel 125.00
 Water and sewer 45.00
 Telephone 60.00
 Other

Home maintenance (repairs and upkeep) 70.00

Food 300.00
 Clothing 50.00

Laundry and dry cleaning 00.00
 Medical and dental expenses 75.00

Transportation (not including car payments) 50.00
 Recreation, clubs and entertainment, newspapers, magazines, etc. 00.00

Charitable contributions

Insurance (not deducted from wages or included in home mortgage payments)
 Homeowner's or renter's 00.00

Life 00.00
 Health 00.00

Auto 00.00
 Other 75.00

Taxes (not deducted from wages or included in home mortgage payments)
 (Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)
 Auto 00.00
 Other

Alimony, maintenance, and support paid to others 00.00

Payments for support of additional dependents not living at your home 00.00

Regular expenses from operation of business, profession, or farm (attach detailed statement) 00.00

Other

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1,370.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$ _____

B. Total projected monthly expenses \$ _____

C. Excess income (A minus B) \$ _____

D. Total amount to be paid into plan each (interval) \$ _____

In re: Louise Pekarchik

Debtor(s)

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: Louise Pekarchik
Debtor

Date

Signature: _____
(Joint Debtor, if any)
(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Louise Pekarchik

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if he or she has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

None 1. Income from Employment or Operation of Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\$13,994.97	2001
\$36,840.60	2000
\$19,955.50	1999

Give AMOUNT and SOURCE (if more than one).

None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID AND AMOUNT STILL OWING

None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID AND AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION

None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

First Select Inc. vs. Louise Pekarchik

Assoc. Nat'l Bank vs. Louise Pekarchik

Docket #DC-011498-00

Docket# DC 66901

For the amount of \$7,120.00

For the amount of \$7,048.42

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF PERSON FOR WHOM BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE and DESCRIPTION AND VALUE OF PROPERTY.

None 5. Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS OF ASSIGNMENT OR SETTLEMENT.

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER and DESCRIPTION AND VALUE OF PROPERTY.

None 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, and DESCRIPTION AND VALUE OF GIFT.

None 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS and DATE OF LOSS.

None 9. Payments Related to Debt Counseling or Bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

GIVE NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR and AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

\$750.00 to Anna C. Little

None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR, DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED.

3 Social security wages	38840.60	4 Social security tax withheld	2284.12
5 Medicare wages and tips	38840.60	6 Medicare tax withheld	534.19
7 Social security type	000	8 Control Number	009124 SAS
9 Advance EIC payment		10 Employer's name, address, and ZIP code	BULLER DODGE INC 131 E NEWMANS SPRINGS RD RED BANK NJ 07701
11 Nonqualified plans		12 Benefits included in box 1	
13 See notes, for box 13		14 Other	98.19 UINCWF 196.60 NJ DI
15 Box 15	Domestic partner	16 Box 15	Legal name
Employee's name, address and ZIP code: LOUISE L PEKARCHIK 697 SNOWDROP CT MORGANVILLE NJ 07751			
16 State	Employer's state ID no.	17 State wages, tips, etc.	18 State income tax
NJ	222851157000	38840.60	798.90
19 State insurance tax	798.90	19 Local taxes	0.00
20 Local wages, tips, etc.	0.00	21 Local income tax	0.00

Employee Reference Copy
W-2 Wage and Tax Statement
 Copy of the employer's records
 Call 1-800-300-7070

This blue earnings Summary section is included with your W-2 so help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2000 pay rate plus any adjustments submitted by your employer.

Gross Pay	38840.60	Social Security Tax Withheld	2284.12	N.J. State Income Tax	798.90
Medicare Tax Withheld	534.19	Box 14 of W-2			
Feed Income Tax Withheld	0.00	Box 1 of W-2			
Box 2 of W-2		Box 5 of W-2			

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Compensation	Social Security Wages	Medicare Wages	N.J. State Wages, Tips, Etc.
Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 17 of W-2
38,840.60	38,840.60	38,840.60	38,840.60
36,840.60	36,840.60	36,840.60	36,840.60
Reported W-2 Wages			

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

LOUISE L PEKARCHIK
697 SNOWDROP CT
MORGANVILLE NJ 07751

Social Security Number: 156-44-4470
 Taxable Marital Status: SINGLE
 Exemptions/Allowances: FEDERAL: 2 STATE: 2 Table A

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 Join the 40 million Americans who will e-file their income tax returns this year! Visit www.irs.gov for details.

Form 1040

Department of the Treasury Internal Revenue Service U.S. Individual Income Tax Return 2000

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning 2000, ending 20 OMB No. 1545-0074

Label (See instructions on page 10.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

Form fields for name and address: Your first name and initial (Louise), Last name (Pekarchik), Home address (697 Snowdrop Ct, Morgantown NJ 07751)

Your social security number (156 44 4476), Spouse's social security number

Important! You must enter your SSN(s) above.

Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No

Filing Status

- 1 Single (checked)
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er)

Exemptions

Exemptions section with checkboxes for Yourself, Spouse, and Dependents. Includes table for dependent information.

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 22 rows for income reporting (Wages, interest, dividends, etc.) and a right-hand column for amounts.

Adjusted Gross Income

Table with 11 rows for adjusted gross income adjustments (IRA deduction, student loan, medical savings, etc.) and a right-hand column for amounts.

Form 1040A (1999)

19 19355 50

Taxable income

19 Enter the amount from line 18.

20a Check [] You were 65 or older [] Blind [] Spouse was 65 or older [] Blind Enter number of boxes checked 20a

b If you are married filing separately and your spouse itemizes deductions, see page 32 and check here 20b

21 Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 20a or 20b OR if someone can claim you as a dependent.

- Single—\$4,300 • Married filing jointly or Qualifying widow(er)—\$7,200 • Head of household—\$6,350 • Married filing separately—\$3,600

22 Subtract line 21 from line 19. If line 21 is more than line 19, enter -0-. 22 6350

23 Multiply \$2,750 by the total number of exemptions claimed on line 6d. 23 2750

24 Subtract line 23 from line 22. If line 23 is more than line 22, enter -0-. This is your taxable income. 24 10855

Tax, credits, and payments

25 Find the tax on the amount on line 24 (see page 34). 25 20885.85

26 Credit for child and dependent care expenses. Attach Schedule 2. 26 1631.00

27 Credit for the elderly or the disabled. Attach Schedule 3. 27

28 Child tax credit (see page 35). 28

29 Education credits. Attach Form 8863. 29

30 Adoption credit. Attach Form 8839. 30

31 Add lines 26 through 30. These are your total credits. 31

32 Subtract line 31 from line 25. If line 31 is more than line 25, enter -0-. 32 1631.00

33 Advance earned income credit payments from Form(s) W-2. 33 2631.00

34 Add lines 32 and 33. This is your total tax. 34 1631.00

35 Total Federal income tax withheld from Forms W-2 and 1099. 35 2466.57

36 1999 estimated tax payments and amount applied from 1998 return. 36

37a Earned income credit. Attach Schedule EIC if you have a qualifying child. 37a 1111.00

b Nontaxable earned income: amount and type

38 Additional child tax credit. Attach Form 8812. 38

39 Add lines 35, 36, 37a, and 38. These are your total payments. 39 3577.57

Refund

40 If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you overpaid. 40 1946.57

41a Amount of line 40 you want refunded to you. 41a 1946.57

Have it directly deposited! See page 47 and fill in 41b, 41c, and 41d.

b Routing number 251271029 c Type: [x] Checking [] Savings

d Account number 1327031164

42 Amount of line 40 you want applied to your 2000 estimated tax. 42

Amount you owe

43 If line 34 is more than line 39, subtract line 39 from line 34. This is the amount you owe. For details on how to pay, see page 48. 43

44 Estimated tax penalty (see page 48). 44

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 20. Keep a copy for your records.

Your signature: Louis R. ... Date: 1-3-00 Your occupation: Daytime telephone number (optional): Spouse's signature: Date: Spouse's occupation:

Paid preparer's use only

Preparer's signature: Date: Check if self-employed: Preparer's SSN or PTIN: Firm's name (or yours if self-employed) and address: EIN: ZIP code:

Tax and Credits		34	Amount from line 33 (adjusted gross income)	34	36,841	
35a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here. ▶ 35a						
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here. ▶ 35b <input type="checkbox"/>						
Standard Deduction for Most People Single: \$4,400 Head of household: \$6,450 Married filing jointly or Qualifying widow(er): \$7,350 Married filing separately: \$3,975	36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36		6,290		
	37 Subtract line 36 from line 34	37				
	38 If line 34 is \$6,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$6,700, see the worksheet on page 32 for the amount to enter	38			2,800	
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39			27,751	
	40 Tax (see page 32). Check if any tax is from a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	40			4,365	
	41 Alternative minimum tax. Attach Form 6251	41				
	42 Add lines 40 and 41	42			4,365	
	43 Foreign tax credit. Attach Form 1116 if required	43				
	44 Credit for child and dependent care expenses. Attach Form 2441	44				
	45 Credit for the elderly or the disabled. Attach Schedule R	45				
46 Education credits. Attach Form 8863	46					
47 Child tax credit (see page 38)	47					
48 Adoption credit. Attach Form 8839	48					
49 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8308 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49					
50 Add lines 43 through 49. These are your total credits	50			4,365		
51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51					
Other Taxes		52	Self-employment tax. Attach Schedule SE	52		
53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		53		53		
54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		54		54		
55 Advance earned income credit payments from Form(s) W-2		55		55		
56 Household employment taxes. Attach Schedule H		56		56		
57 Add lines 51 through 56. This is your total tax		57		57		
Payments		58	Federal income tax withheld from Forms W-2 and 1099	58	5,348	
59 2000 estimated tax payments and amount applied from 1999 return		59		59		
If you have a qualifying child, attach Schedule EIC.	60a Earned income credit (EIC)	60a				
	b Nontaxable earned income: amount and type ▶					
61 Excess social security and RRTA tax withheld (see page 50)		61				
62 Additional child tax credit. Attach Form 8812		62				
63 Amount paid with request for extension to file (see page 50)		63				
64 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		64				
65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments		65		5,348		
Refund		66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66		
67a Amount of line 66 you want refunded to you		67a				
Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.	b Routing number					
	d Account number					
68 Amount of line 66 you want applied to your 2001 estimated tax		68				
Amount You Owe		69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51	69		
70 Estimated tax penalty. Also include on line 69		70				

Sign Here

Joint return? See page 19. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: *Luise Rehfeld* Date: 3/0/01 Your occupation: Sales Daytime phone number: 732, 591-5790

Spouse's signature: _____ Date: _____ Spouse's occupation: _____ May the IRS discuss this return with the preparer shown below (see page 52)? Yes No

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP code: _____ EIN: _____ Phone no. () _____

Your Social Security Number Your PIN

Spouse's Social Security Number Spouse's PIN

Step 1 - Enter your filing status number (see instructions page 3)

Step 2 - Enter your number of qualified dependent children

Step 3 - Enter your number of qualified dependent children attending colleges

Step 4 - Enter your total number of W-2 forms

Step 5 - Enter your spouse's total number of W-2 forms

Step 6 - Your W-2 Data - Enter your W-2 information (maximum five for each filer) in the appropriate boxes below. If you have more than three W-2s, use separate sheet of paper. (Round all amounts. Do not include cents.)

1st W-2	Employer ID Number	New Jersey Wages	New Jersey Tax Withheld	New Jersey UI/HC/WD	New Jersey Disability
	<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="7"/>	\$ <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="1"/>	\$ <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="9"/>	\$ <input type="text" value="7"/> <input type="text" value="0"/>	\$ <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>
2nd W-2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3rd W-2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Step 7 - Spouse's W-2 Data - Enter your spouse's W-2 information in the appropriate boxes below. If your spouse has more than three W-2s, use separate sheet of paper. (Round all amounts to the nearest dollar. Do not include cents.)

1st W-2	Employer ID Number	New Jersey Wages	New Jersey Tax Withheld	New Jersey UI/HC/WD	New Jersey Disability
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd W-2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3rd W-2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Step 8 - Taxable Interest Income. (Round all amounts to the nearest dollar.)

Step 9 - Taxable Dividend Income. (Round all amounts to the nearest dollar.)

Step 10 -

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			1999	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
NJ26631	13379.34	1805.43		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number	13379.34	829.52		
23-2881320	5 Medicare wages and tips	6 Medicare tax withheld		
	13379.34	194.00		
c Employer's name, address, and ZIP code				
L.A WEIGHT LOSS CENTER 255 HORSHAM BUSINESS DRIVE SUITE #150 HORSHAM, PA 19044				
d Employee's social security number				
156-44-4470				
e Employee's name, address, and ZIP code				
LOUISE L PEKARCHIK 697 SNOWDROP CT MORGANSVILLE, NJ 07751				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1		
13 See instrs. for box 13	14 Other	UIHCWD	56.86	
		NJDD	66.90	
15 Statutory employee Deceased Pension plan Legal rep. Deferred comp.				
NJ APPLIED FOR		13379.34	220.12	
NJ 000-000-952/004				
16 State Emp'r.'s state I.D.#	17 State wages, tips, etc.	18 State income tax		
19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 39-190847

All information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee.)			1999	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
NJ26631	13379.34	1805.43		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number	13379.34	829.52		
23-2881320	5 Medicare wages and tips	6 Medicare tax withheld		
	13379.34	194.00		
c Employer's name, address, and ZIP code				
L.A WEIGHT LOSS CENTER 255 HORSHAM BUSINESS DRIVE SUITE #150 HORSHAM, PA 19044				
d Employee's social security number				
156-44-4470				
e Employee's name, address, and ZIP code				
LOUISE L PEKARCHIK 697 SNOWDROP CT MORGANSVILLE, NJ 07751				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1		
13 See instrs. for box 13	14 Other	UIHCWD	56.86	
		NJDD	66.90	
15 Statutory employee Deceased Pension plan Legal rep. Deferred comp.				
NJ APPLIED FOR		13379.34	220.12	
NJ 000-000-952/004				
16 State Emp'r.'s state I.D.#	17 State wages, tips, etc.	18 State income tax		
19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 39-190847

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			1999	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
NJ26631	13379.34	1805.43		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number	13379.34	829.52		
23-2881320	5 Medicare wages and tips	6 Medicare tax withheld		
	13379.34	194.00		
c Employer's name, address, and ZIP code				
L.A WEIGHT LOSS CENTER 255 HORSHAM BUSINESS DRIVE SUITE #150 HORSHAM, PA 19044				
d Employee's social security number				
156-44-4470				
e Employee's name, address, and ZIP code				
LOUISE L PEKARCHIK 697 SNOWDROP CT MORGANSVILLE, NJ 07751				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1		
13 See instrs. for box 13	14 Other	UIHCWD	56.86	
		NJDD	66.90	
15 Statutory employee Deceased Pension plan Legal rep. Deferred comp.				
NJ APPLIED FOR		13379.34	220.12	
NJ 000-000-952/004				
16 State Emp'r.'s state I.D.#	17 State wages, tips, etc.	18 State income tax		
19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 39-190847

1999 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1999 pay stub plus any adjustments submitted by your employer.

Gross Pay	5404.28	Social Security Tax Withheld Box 4 of W-2	335.07	N.J. State Income Tax Box 18 of W-2 SUI/SBI Box 14 of W-2	92.50
Fed. Income Tax Withheld Box 2 of W-2	621.06	Medicare Tax Withheld Box 6 of W-2	78.36		49.98

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	N.J. State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	5,404.28	5,404.28	5,404.28	5,404.28
Reported W-2 Wages	5,404.28	5,404.28	5,404.28	5,404.28

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll d.

LOUISE L PEKARCHIK
 697 SNOWDROP CT
 MORGANVILLE NJ 07751

Social Security Number: 156-44-4470
 Taxable Marital Status: SINGLE
 Exemptions/Allowances:
 FEDERAL: 2
 STATE: 2 Table A

© 1999 AUTOMATIC DATA PROCESSING, INC.

TELEPHONE AND DETACH HERE

1 Wages, tips, other comp. 5404.28		2 Federal income tax withheld 621.06	
3 Social security wages 5404.28		4 Social security tax withheld 335.07	
5 Medicare wages and tips 5404.28		6 Medicare tax withheld 78.36	
a Control Number 009134 9AS	Dept. 100	Corp. A	Employer use only 42
c Employer's name, address, and ZIP code BUHLER DODGE INC 131 E NEWMANS SPRINGS RD RED BANK NJ 07701 Batch #00586			
b Employer's FED ID number 22-2831157	d Employee's SSA number 156-44-4470		
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12 Benefits included in box 1		
13 See instructions for box 13	14 Other 27.02 NJ DI 22.97 UI/HC/WF		
15 Stat emp.	Domestic	Pension plan	Legal rep. Deferred comp.
e1 Employee's name, address and ZIP code LOUISE L PEKARCHIK 697 SNOWDROP CT MORGANVILLE NJ 07751			
16 State NJ	Employer's state ID no. 222831157/000	17 State wages, tips, etc. 5404.28	
18 State income tax 92.50	19 Locality name		
20 Local wages, tips, etc.	21 Local income tax		
Employee Reference Copy W-2 Wage and Tax Statement 1999 Copy C for employer's records. OMB No. 1545-0048			

1 Wages, tips, other comp. 5404.28		2 Federal income tax withheld 621.06	
3 Social security wages 5404.28		4 Social security tax withheld 335.07	
5 Medicare wages and tips 5404.28		6 Medicare tax withheld 78.36	
a Control Number 009134 9AS	Dept. 100	Corp. A	Employer use only 42
c Employer's name, address, and ZIP code BUHLER DODGE INC 131 E NEWMANS SPRINGS RD RED BANK NJ 07701			
b Employer's FED ID number 22-2831157	d Employee's SSA number 156-44-4470		
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12 Benefits included in box 1		
13	14 Other 27.02 NJ DI 22.97 UI/HC/WF		
15 Stat emp.	Domestic	Pension plan	Legal rep. Deferred comp.
e1 Employee's name, address and ZIP code LOUISE L PEKARCHIK 697 SNOWDROP CT MORGANVILLE NJ 07751			
16 State NJ	Employer's state ID no. 222831157/000	17 State wages, tips, etc. 5404.28	
18 State income tax 92.50	19 Locality name		
20 Local wages, tips, etc.	21 Local income tax		
NJ State Reference Copy			

1 Wages, tips, other comp. 5404.28		2 Federal income tax withheld 621.06	
3 Social security wages 5404.28		4 Social security tax withheld 335.07	
5 Medicare wages and tips 5404.28		6 Medicare tax withheld 78.36	
a Control Number 009134 9AS	Dept. 100	Corp. A	Employer use only 42
c Employer's name, address, and ZIP code BUHLER DODGE INC 131 E NEWMANS SPRINGS RD RED BANK NJ 07701			
b Employer's FED ID number 22-2831157	d Employee's SSA number 156-44-4470		
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12 Benefits included in box 1		
13	14 Other 27.02 NJ DI 22.97 UI/HC/WF		
15 Stat emp.	Domestic	Pension plan	Legal rep. Deferred comp.
e1 Employee's name, address and ZIP code LOUISE L PEKARCHIK 697 SNOWDROP CT MORGANVILLE NJ 07751			
16 State NJ	Employer's state ID no. 222831157/000	17 State wages, tips, etc. 5404.28	
18 State income tax 92.50	19 Locality name		
20 Local wages, tips, etc.	21 Local income tax		
NJ State Filing Copy			

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	1171.88	40.08
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	1171.88	72.67
9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld
	1171.88	16.99

c Employer's name, address, and ZIP code

EPIX I, INC.
ASPEN CORPORATE PARK I
1480 ROUTE 9 NORTH
WOODBIDGE, NJ 07095

10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
----------------------------	-----------------------	-------------------------------

b Employer identification number	d Employee's social security number
59-2961796	156-44-4470

13 See instructions for box 13	14 Other
	HLT SUB 4.70 NJDI 5.85 WRK DEV .29

15 Statutory employee	Deceased	Retired plan	Legal rep.	Deferred compensation	Void
-----------------------	----------	--------------	------------	-----------------------	------

e Employee's name, address, and ZIP code

LOUISE L PEKARCHIK
697 SNOWDROP CT
MORGANVILLE NJ 07751
C3X1-1
79926

16 Name of state	Employer's state I.D. no.
NJ	824022-00-9

17 State wages, tips, etc	18 State income tax
1171.88	12.97

19 Locality name	20 Local wages, tips, etc	21 Local income tax
------------------	---------------------------	---------------------

Dept. of the Treasury - IRS
COPY 2 For EMPLOYEE'S RECORDS
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. (See Notice to Employee on back of Copy B.)

Form W-2 Wage and Tax Statement 1999

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	1171.88	40.08
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	1171.88	72.67
9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld
	1171.88	16.99

c Employer's name, address, and ZIP code

EPIX I, INC.
ASPEN CORPORATE PARK I
1480 ROUTE 9 NORTH
WOODBIDGE, NJ 07095

10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
----------------------------	-----------------------	-------------------------------

b Employer identification number	d Employee's social security number
59-2961796	156-44-4470

13	14 Other
	HLT SUB 4.70 NJDI 5.85 WRK DEV .29

15 Statutory employee	Deceased	Retired plan	Legal rep.	Deferred compensation	Void
-----------------------	----------	--------------	------------	-----------------------	------

e Employee's name, address, and ZIP code

LOUISE L PEKARCHIK
697 SNOWDROP CT
MORGANVILLE NJ 07751

16 Name of state	Employer's state I.D. no.
NJ	824022-00-9

17 State wages, tips, etc	18 State income tax
1171.88	12.97

19 Locality name	20 Local wages, tips, etc	21 Local income tax
------------------	---------------------------	---------------------

Dept. of the Treasury - IRS
Copy 2 For Employee's State, City or Local Income Tax Return

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 1999

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	1171.88	40.08
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	1171.88	72.67
9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld
	1171.88	16.99

c Employer's name, address, and ZIP code

EPIX I, INC.
ASPEN CORPORATE PARK I
1480 ROUTE 9 NORTH
WOODBIDGE, NJ 07095

10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
----------------------------	-----------------------	-------------------------------

b Employer identification number	d Employee's social security number
59-2961796	156-44-4470

13	14 Other
	HLT SUB 4.70 NJDI 5.85 WRK DEV .29

15 Statutory employee	Deceased	Retired plan	Legal rep.	Deferred compensation	Void
-----------------------	----------	--------------	------------	-----------------------	------

e Employee's name, address, and ZIP code

LOUISE L PEKARCHIK
697 SNOWDROP CT
MORGANVILLE NJ 07751

16 Name of state	Employer's state I.D. no.
NJ	824022-00-9

17 State wages, tips, etc	18 State income tax
1171.88	12.97

19 Locality name	20 Local wages, tips, etc	21 Local income tax
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Dept. of the Treasury - IRS
Copy 2 For Employee's State, City or Local Income Tax Return

Form 1040A U.S. Individual Income Tax Return 1999 IRS Use Only—Do not write or staple in this space OMB No. 1545-0085

Label
(See page 19.)

LABEL HERE

Your first name and initial: Louise Last name: Pekeachik
 If a joint return, spouse's first name and initial: Last name:
 Home address (number and street. If you have a P.O. box, see page 20): 697 Snow drop Ct. Apt. no.:
 City, town or post office, state, and ZIP code. If you have a foreign address, see page 20: Morrisville NJ 07751

Your social security number: 156-44-4470
 Spouse's social security number:

Use the IRS label. Otherwise, please print or type.

IMPORTANT!
You must enter your SSN(s) above.

Presidential Election Campaign Fund (See page 20.)
 Do you want \$3 to go to this fund? Yes No
 If a joint return, does your spouse want \$3 to go to this fund? Yes No

Note. Checking "Yes" will not change your tax or reduce your refund.

Filing status

- 1 Single
- 2 Married filing joint return (even if only one had income)
- 3 Married filing separate return. Enter spouse's social security number above and full name here. ▶
- 4 Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ Cynthia Pekeachik (See page 22.)
- 5 Qualifying widow(er) with dependent child (year spouse died ▶ 19) (See page 22.)

Check only one box.

Exemptions

8a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 8a.

8b Spouse

(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 23)	No. of boxes checked on 8a and 8b	No. of your children on 8c who:
				<input type="checkbox"/>		• lived with you
				<input type="checkbox"/>		• did not live with you due to divorce or separation (see page 24)
				<input type="checkbox"/>		Dependents on 8c not entered above
				<input type="checkbox"/>		Add numbers entered on lines above

If more than seven dependents, see page 22.

d Total number of exemptions claimed. 1

Income

Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 25. Enclose, but do not staple, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	19,955.50
8a	Taxable interest. Attach Schedule 1 if required.	8a	—
b	Tax-exempt interest. DO NOT include on line 8a.	8b	—
9	Ordinary dividends. Attach Schedule 1 if required.	9	—
10a	Total IRA distributions.	10a	—
		10b Taxable amount (see page 25).	10b
11a	Total pensions and annuities.	11a	—
		11b Taxable amount (see page 26).	11b
12	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	12	—
13a	Social security benefits.	13a	—
		13b Taxable amount (see page 28).	13b
14	Add lines 7 through 13b (far right column). This is your total income.	▶ 14	19,955.50
15	IRA deduction (see page 30).	15	—
16	Student loan interest deduction (see page 30).	16	—
17	Add lines 15 and 16. These are your total adjustments.	▶ 17	19,955.50
18	Subtract line 17 from line 14. This is your adjusted gross income.	▶ 18	19,955.50

Adjusted gross income

Step 14a - Homeowners: Property taxes paid in 2000 \$ Step 14b - Days as an owner

Step 15a - Tenants: Rent paid in 2000 \$ Step 15b - Days as a tenant

Step 16 - Did you file a 2000 Federal Schedule EIC on which you listed at least one "qualifying child?" (If "No," go to Step 19a.) Yes No

Step 17 - Did you ask the Internal Revenue Service to calculate your Federal earned income credit? (If "Yes," the Division will mail you a separate check. See instructions.) Yes No

Step 18 - If you answered "No" to question 17, enter the amount of your Federal earned income credit from your 2000 Federal Form 1040 or Form 1040A. \$

If you are due a refund, credit or rebate, TeleFile gives you the option to have your check directly deposited after you make your charitable contribution selections (Step 20). Complete Steps 19a through 19d before making your TeleFile call if you would like your check(s) directly deposited.

Step 19a - Do you want us to directly deposit your refund? 1 - Yes (Refund only) 2 - Yes (Homestead rebate only) 3 - Yes (Refund and homestead rebate) 4 - No

Step 19b - Enter check routing number Step 19c - Type of account 1 - Checking 2 - Savings

Step 19d - Enter your account number

You are now ready to call NJ TeleFile. Dial 1-888-235-FILE (3453) or 609-826-4449

TeleFile will provide the following information. Enter the amounts in the appropriate spaces below.

Gross Income Taxable Income Property Tax Ded/Credit New Jersey Tax
Excess UL/IC/WD or DI NJ Earned Income Tax Credit Refund Payment Due

Step 20 - Charitable Contributions: You may make contributions of \$1 or more to one or more of the funds listed below. Contributions will be deducted from your refund or added to the amount you owe. See page 11 for more information about the funds.

NJ Endangered Wildlife Fund \$
NJ Children's Trust Fund \$
NJ Vietnam Veterans' Memorial Fund \$
NJ Breast Cancer Research Fund \$
U.S.S. New Jersey Educational Museum Fund \$
Other Designated Contribution Code Number \$

DO NOT MAIL this worksheet to the Division of Taxation

1999 NJ TELEFILE

Your Social Security Number
 1 5 6 - 4 4 - 4 4 7 0
Spouse's Social Security Number
 [] [] [] - [] [] - [] [] [] []

PIN
 0 3 7 2

Step 1 - Enter your Filing Status Number

Step 2 - Enter your number of Qualified Dependent Children

Step 3 - Enter your number of Qualified Dependent Children Attending Colleges

Step 4 - Enter the total number of W-2 forms

Step 5 - W-2 Data - Enter your W-2 information in the appropriate boxes below: (Round all amounts to the nearest dollar. Do not include cents!)

	Employer ID Number	New Jersey Wages	NJ Tax Withheld
1st W-2	5 9 2 9 6 1 7 9 6	\$ 1,171	\$ 13
2nd W-2	2 2 2 8 3 1 1 5 7	\$ 5,404	\$ 93
3rd W-2	2 3 2 8 8 1 3 2 0	\$ 13,379	\$ 220
4th W-2	[] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] []
5th W-2	[] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] []

Step 6 - Taxable Interest Income (Round all amounts to the nearest dollar.) \$ [] [] [] []

Step 7 - Taxable Dividend Income (Round all amounts to the nearest dollar.) \$ [] [] [] []

Step 8 - Gubernatorial Elections Fund: Marking "Yes" will not in any way increase your tax liability or reduce your refund.

Do you wish to designate \$1 of your taxes for this fund? Yes No

If joint return, does your spouse wish to designate \$1? Yes No

Step 9 - Have you moved since filing your 1998 NJ tax return? Yes No

Continued on Next Page

None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.
Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.
Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____ Signature of Debtor *Louis Pelarich*
Date _____ Signature of Joint Debtor (if any) _____

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.



UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Louise Pekarich

Debtor(s)

Case No.
Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- 1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
- 2. My intention with respect to the property of the estate which secures those consumer debts is as follows:
 - a. Property to Be Surrendered.

Description of property	Creditor's name	H, W or J
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none

- b. Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)

Description of property	Creditor's name	Reaff'd Red'd Exempt
Penn Federal Savings Bank Account # 123-703-1164		Exempt
1993 Jeep Cherokee		Exempt
Household Furnishings		Exempt
Assorted Casual Clothing		Exempt
IRA		Exempt
Tax Refund		Exempt

3. I understand that § 521 (2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:

X *Louise Pekarich*
 Signature of Debtor

- * Reaff'd - Debt will be reaffirmed pursuant to § 524(c)
- Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722
- Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt

X
 Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Louise Pekarchik

Debtor(s)

Case No.

(If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ _____ weekly — bi-weekly — semi-monthly — monthly for a period of _____

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) *Subsequent to — pro rata with* dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: _____

Louise Pekarchik
Debtor

Debtor

Acceptances may be mailed to _____

Post Office Address

Matrix

Mena America Bank
P.O.Box 15021
Wilmington, DE 19850

Amex
P.O.Box 1270
Newark, NJ 07101-1270

Bank of America Sunoco Master Card
c/o First Select Corp.
5040 Johnson Dr.
Pleasanton, CA

Chase Bank Card Services
P.O.Box 52188
Phoenix, AZ 85072-2188

Chase Bank Card
P.O.Box 15922
Wilmington, DE 15850-5922

Wachovia Bank Card
Bank card Services
P.O.Box 22058
Tulsa OK 74121

Fleet Bank of New York
P.O.Box 2197
Boston, MA 02106-2197

Nations Bank
P.O.Box 7025
Dover, DE 19903

HRS Value City
P.O.Box 17602
Baltimore, MD 21297-1602

JC Penny
P.O.Box 32000
Orlando FL 32890

Amoco Visa Associates Nation Bank
P.O.Box 142289
Irving TX 75014-2289

Home Depot
P.O.Box 17602
Atlanta GA 30353-5981

Anna C. Little, Esq.

Attorney at Law

*c/o John A. Tunney, Esq.
300 Kimball Street, suite 106
Woodbridge, NJ 07095
(732) 636-4900 telephone
(732) 636-3755 facsimile*

September 7, 2001

Clerk of the Bankruptcy Court
United States Courthouse
402 East State Street
Trenton NJ 08608

RE: Louise PEKARCHIK
SS# 156-44-4470

Dear Clerk:

Enclosed please find original and six copies of Petition for Bankruptcy in the above referenced matter. Enclosed also find original and six(6) copies of creditor's matrix and check in amount of \$200.00 for payment of your filing fee.

Kindly mark one copy "filed" with the date of filing and return in the enclosed return envelope.

Thank you in advance for your cooperation.

Very Truly Yours,

Anna C. Little, Esq.

Anna C. Little, Esq.

VIA CERTIFIED MAIL/RRR