

Defendant:	Chris Thompson
Case Number(s):	CM-11-178
City/County:	Kay County
Bondsman:	Samantha Shepherd
Surety:	Curtis Pletcher
Power Number(s):	18668
Bond Amount(s):	\$2,500.00

2. On May 18, 2011, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the district court on May 18, 2011, and filed in the case. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the forfeiture.

3. Pletcher received a copy of the Order and Judgment of Forfeiture on June 4, 2011.

4. Shepherd received a copy of the Order and Judgment of Forfeiture on June 13, 2011.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Shepherd was September 3, 2011, a Saturday. The following Monday, September 5, 2011 was Labor Day. Thus, the ninety-first (91st) day became Tuesday, September 6, 2011. The Defendant was not returned to custody within ninety (90) days of receipt of the Order and Judgment of Forfeiture, nor were sums due on the forfeiture deposited with the court clerk on the ninety first (91st) day.

6. Based on the above allegation, on September 15, 2011, the Oklahoma Insurance Department (“Department”) issued a *Conditional Administrative Order and Notice of Right to be Heard* fining Respondents Five Hundred Dollars (\$500.00) each. The Conditional Order was mailed to Respondents via certified mail, with return receipt requested on the same day.

7. Pletcher received the Conditional Order on September 22, 2011. On October 11, 2011, Pletcher paid the fine due.

8. The mailing to Shepherd was returned to the Department on October 18, 2011,

marked "Return to Sender, Vacant, Unable to Forward."

9. On October 24, 2011, the pleading was mailed again to Shepherd. On January 5, 2012, Department legal staff contacted Shepherd to inform her of the difficulty of delivering mail to her address of record. Shepherd provided the Department with her home address, to which the pleading was again mailed.

10. Shepherd received the pleading on January 23, 2012.

11. The Conditional Order was final on February 24, 2012, as no hearing was requested, and the fine of Five Hundred Dollars (\$500.00) became due.

12. As of the date of this Conditional Order, Shepherd has not paid the fine.

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has failed to comply with an order of the Commissioner. Under 59 O.S. § 1310(A)(7), the Commissioner may suspend any license for "failure to comply with, or any violation of any proper order, rule, or regulation of the Commissioner."

ORDER

IT IS THEREFORE ORDERED that Samantha Shepherd's bail bondsman license (number 199750) is suspended.

Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **shall include an explanation of Respondent's**

actions described herein and any defenses thereto.

If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31st day following the receipt of the Order, and Samantha Shepherd's bail bondsman license (number 199750) shall be suspended, and the fine of Five Hundred Dollars Dollars (\$500.00) shall be due.

WITNESS My Hand and Official Seal this 4th day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Michael P. Copeland", written over a horizontal line.

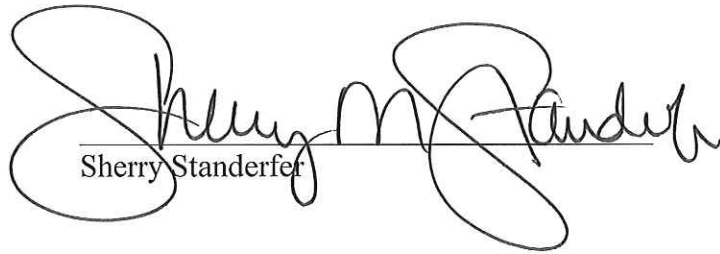
Michael P. Copeland
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 5th day of April, 2012, to:

Samantha Shepherd
2018 W. 9th St.
Stillwater, OK 74074

**CERTIFIED MAIL NO:
7001 0320 0004 4250 4394**


Sherry Standerfer

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4250 4394

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To: **Samantha Lynn Shepherd**
 Street, Apt. No. or PO Box No.: **2018 W. 9th Street**
 City, State, ZIP: **Stillwater, Ok 74074**
sms/11-0907-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Samantha Shepherd</i> C. Date of Delivery: <i>4-20-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>APR 24 2012</p> <p><i>OKLAHOMA INSURANCE DEPARTMENT</i> Legal Division</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Samantha Lynn Shepherd 2018 W. 9th Street Stillwater, Ok 74074 sms/11-0907-DIS/Cond. Ord.</p> </div>	<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label): 7001 0320 0004 4250 4394</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	