

319362B, 319362C, 311414, and 311414A. Respondents were fined \$275 each.

2. The Conditional Order became final and Respondents paid the fine due.

3. The total amount of the bond forfeitures in these cases is One Thousand Three Hundred Seventy Dollars (\$1,370.00).

4. As of the date of this Order, the forfeitures have not been paid.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332 by failing to return the defendant within ninety (90) days or remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

ORDER

IS THEREFORE ORDERED that pursuant 59 O.S. § 1332 the face amount of the bonds, One Thousand Three Hundred Seventy Dollars (\$1,370.00), shall be withdrawn from the deposit placed with the State of Oklahoma by Curtis Pletcher as reserve to meet sums due on forfeiture. The sums withdrawn are to be forwarded to the Tulsa Municipal Court Clerk for payment of the bonds in cases numbers 319362, 319362B, 319362C, 311414, and 311414A, Defendant Jack Conkling. Such sums shall not be withdrawn from the deposit of Curtis Pletcher if the forfeited bail bond is paid within 30 days of receipt of this Order.

IT IS FURTHER ORDERED that this Order constitutes disciplinary action and may be used in any subsequent hearings by the Insurance Department. In the event other misconduct is reported to the Department, this Order may be used as evidence against Respondent to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

Respondent is notified that he 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 William G. "Buddy" Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give 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.

WITNESS My Hand and Official Seal this 23 day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black 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 Order of Withdrawal for Bond Forfeiture* was mailed certified, return receipt requested, on this 27th day of April, 2012, to:

Curtis Pletcher
121 N Denver Ave
Tulsa, OK 74103-1819



William G. "Buddy" Combs

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

OFFICIAL



7001 0320 0004 4250 2086

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

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip

Curtis Pletcher
 121 N. Denver Ave.
 Tulsa, Ok 74103-1819
 sms/11-1047-DIS/Cond. Ord.

PS Form 3800, January 2001

Use 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAY 03 2012</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Curtis Pletcher 121 N. Denver Ave. Tulsa, Ok 74103-1819 sms/11-1047-DIS/Cond. Ord. </div>	<p>3. Service Type</p> <p><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)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0004 4250 2086</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540