

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

**FILED**  
MAR 28 2012  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.                    )  
DOAK, Insurance Commissioner,                         )  
  Petitioner,                         )  
vs.    )  
  )  
HOWARD BARNETT, a licensed bail bondsman            )  
in the State of Oklahoma,                                )  
  )  
AND   )  
  )  
CURTIS PLETCHER, a licensed professional bail        )  
bondsman in the State of Oklahoma,                    )  
  Respondents.                    )

CASE NO. 11-1188-DIS

**FIRST AMENDED CONDITIONAL ADMINISTRATIVE ORDER**  
**AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel., John D. Doak, Insurance Commissioner, by  
and through counsel and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code 36 O.S. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.
2. Respondent Howard Barnett (“Barnett”) is a licensed bail bondsman in the State of Oklahoma holding license number 96288.
3. Respondent Curtis Pletcher (“Pletcher”) is a licensed professional bail bondsman in the State of Oklahoma holding license number 199574.

## FINDINGS

1. On or about March 23, 2011, an appearance bond was executed as follows:

|                  |                              |
|------------------|------------------------------|
| Defendant:       | Darnisha Rena Wilson         |
| Case Number(s):  | 11-001763                    |
| City/County:     | Midwest City Municipal Court |
| Surety:          | Curtis Pletcher              |
| Bondsman:        | Howard Barnett               |
| Power Number(s): | 23714                        |
| Bond Amount(s):  | \$848                        |

2. On August 8, 2011, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on August 16, 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 September 21, 2011.

4. Barnett received a copy of the Order and Judgment of Forfeiture September 2, 2011.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was December 2, 2011. The Defendant was not returned to custody within ninety (90) days of receipt of the Order and Judgment of Forfeiture.

6. The forfeiture was paid on January 27, 2012.

## CONCLUSIONS OF LAW

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**

**IT IS THEREFORE ORDERED that Howard Barnett and Curtis Pletcher are each censured.**

Respondents are further notified that they 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 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and state the basis for requesting the hearing.

**If Respondents do not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order and Respondents shall be censured.**

WITNESS My Hand and Official Seal this 26<sup>th</sup> day of March, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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

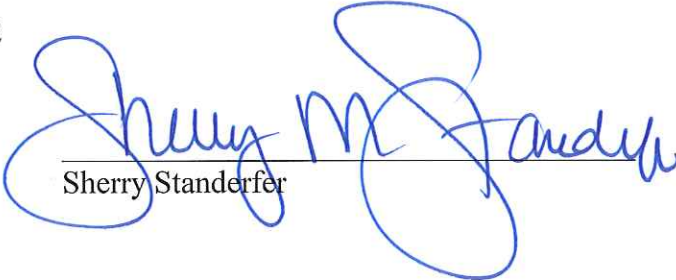
Michael P. Copeland  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 521-0125

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing *First Amended Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 26<sup>th</sup> day of March, 2012, to:

Curtis Pletcher  
121 N Denver Ave  
Tulsa, OK 74103

Howard Barnett  
P.O. Box 2652  
Oklahoma City, OK 73101-2652

  
\_\_\_\_\_  
Sherry Standerfer

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**OFFICIAL USE**

7006 2760 0005 6605 6451

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total Postage</b>                              |    |

Postmark  
Here

Sent To  
 Street, Apt. #  
 or PO Box N  
 City, State, Z

Curtis Pletcher  
 121 N. Denver Ave.  
 Tulsa, Ok 74103  
 sms/11-1188-DIS/Cond. Ord.

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Curtis Pletcher  
 121 N. Denver Ave.  
 Tulsa, Ok 74103  
 sms/11-1188-DIS/Cond. Ord.

2. Article Number  
 (Transfer from service label)

7006 2760 0005 6605 6451

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

C. Bowser 3/27/12  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 No

RECEIVED  
 MAR 30 2012

Legal Division  
 3. Service type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

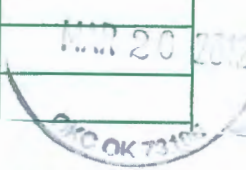
OKLAHOMA INSURANCE DEPARTMENT

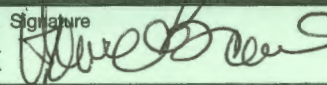
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|  |  |   |
|--|--|---|
| Postage \$   |  | Postmark Here<br> |
| Certified Fee  |  |   |
| Return Receipt Fee (Endorsement Required)  |  |   |
| Restricted Delivery Fee (Endorsement Required)   |  |   |
| Total Post   |  |   |
| Sent To<br>Howard Barnett<br>P.O. Box 2652<br>OKC, OK 73101-2652<br>sms/11-1188-DIS/Cond. Ord. |  |   |
| PS Form 3800, August 2006  |  | See Reverse for Instructions  |

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee        |  |
| 1. Article Addressed to:<br><div style="border: 1px solid black; padding: 5px; margin: 10px 0;">                     Howard Barnett<br/>                     P.O. Box 2652<br/>                     OKC, OK 73101-2652<br/>                     sms/11-1188-DIS/Cond. Ord.                 </div>                          |  | B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee<br>Howard Barnett<br>C. Date of Delivery: 4-7-12                              |  |
| 2. Article Number<br>(Transfer from service label)   |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>YES, enter delivery address below:<br>APR 04 2012<br>Legal Division |  |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt 102595-02-M-1540  |  |