

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

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
 Petitioner,)
vs.)
))
DOYLE DAVIS, a licensed professional bail)
bondsman in the State of Oklahoma,)
 Respondent.)
)

CASE NO. 12-0378-DIS

FILED

APR 27 2012

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

**INSURANCE COMMISSIONER
OKLAHOMA**

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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Respondent Doyle Davis ("Respondent") is a licensed professional bail bondsman in the State of Oklahoma holding license number 199421.

FINDINGS OF FACT

1. On or about September 20, 2011, an appearance bond was executed as follows:

Defendant:	Casey Ray Dickens
Case Number(s):	339394 / 316426
City/County:	Tulsa Municipal
Surety:	Doyle Davis
Bondsman:	Doyle Davis
Power Number(s):	13901
Bond Amount(s):	\$400

2. On December 28, 2011, the Defendant failed to appear and the bond was declared

forfeited. An Order and Judgment of Forfeiture was issued by the court on January 5, 2012, and filed in the case. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondent with return receipt requested within thirty (30) days after the forfeiture.

3. Respondent received a copy of the Order and Judgment of Forfeiture on January 10, 2012.

4. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondent was Tuesday, April 10, 2012. The Defendant was not returned to custody within ninety (90) days, nor was the face amount of the forfeited bond deposited with the Court Clerk within ninety-one (91) days of receipt of the Order and Judgment of Forfeiture.

5. As of the date of this Conditional Order, the forfeited bail bond remains unpaid.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondent has 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 of receipt of the Order and Judgment of Forfeiture.

2. Pursuant to 59 O.S. § 1310(B), any bondsman violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a civil penalty ranging from \$250 to \$2,500.

ORDER

IT IS THEREFORE ORDERED that Doyle Davis is fined Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that the face amount of the forfeited bond (\$400.00) shall be withdrawn from Doyle Davis's professional bondsman deposit held by the Insurance

Commissioner as reserve to meet sums due on forfeiture and deposited with the Tulsa Municipal Court Clerk, unless the bond forfeiture is paid before this Order becomes final.


Respondent is further 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 Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondent's actions alleged herein and any defenses thereto.

If Respondent fails to either pay the fine ordered or request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day after receipt, Respondent's bail bondsman license shall be **SUSPENDED**, the face amount of the forfeited bail bond shall be withdrawn from the professional deposit of Doyle Davis and deposited with the Tulsa Municipal Court Clerk, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 26 day of April, 2012.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA




William G. "Buddy" Combs
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 27th day of April, 2012, to:

Doyle Davis
125 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)

7001 0320 0004 4250 4165

OFFICIAL RECEIPT



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

Postmark
Here

Total Postage

Sent To

Street, Apt. #
or PO Box #

City, State, Z

Doyle Davis
 125 N. Denver Ave.
 Tulsa, Ok 74103-1819
 sms/12-0378-DIS/Cond. Ord.

PS Form 3800, January 2001

Go to [www.usps.com](#) 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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Doyle Davis 125 N. Denver Ave. Tulsa, Ok 74103-1819 sms/12-0378-DIS/Cond. Ord. </div>		<p>B. Received by (Printed Name) E. Sherrell</p>	<p>C. Date of Delivery 4/30/12</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0004 4250 4165</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. Is return delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT RECEIVED MAY 04 2012 Legal Division</p>	
<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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	