



Case Number(s):	CF-2011-6714
City/County:	Oklahoma County
Surety:	Curtis Pletcher
Bondsman:	Howard Barnett
Power Number(s):	33426
Bond Amount(s):	\$3,500

2. On January 11, 2012, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on February 7, 2012, 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. Barnett received a copy of the Order and Judgment of Forfeiture on February 21, 2012.

4. Pletcher received a copy of the Order and Judgment of Forfeiture on February 13, 2012.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, May 22, 2012. On May 18, 2012, the Oklahoma County District Court entered an Order staying payment of the bond forfeiture until June 21, 2012.

6. The Defendant was not returned to custody by June 21, 2012.

7. Barnett paid the forfeiture on June 22, 2012—one day late.

#### **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.

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

**ORDER**

**IT IS THEREFORE ORDERED that Howard Barnett and Curtis Pletcher are each FINED Two Hundred Fifty Dollars (\$250.00).**

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 Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents' actions alleged herein and any defenses thereto.**

**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 the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 12<sup>th</sup> day of July, 2012.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



  
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William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 521-0125

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

**OFFICIAL USE**

THE 0524 4000 0220 7001

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



Total

Sent To

Street, or P.O. Box

City, St

Howard Barnett  
 P.O. Box 2652  
 OKC, OK 73101-2652  
 sms/12-0628-DIS/Cond. Ord.

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:

Howard Barnett  
 P.O. Box 2652  
 OKC, OK 73101-2652  
 sms/12-0628-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  Agent  
 Addressee

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**RECEIVED**  
**OKLAHOMA INSURANCE DEPARTMENT**  
**JUL 31 2012**

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes


2. Article Number (Transfer from service label) 7001 0320 0004 4250 3441

## CERTIFICATE OF MAILING

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 12<sup>th</sup> day of July, 2012, to:

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

Curt 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)

7001 0320 0004 4250 3458

**OFFICIAL USE**

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



**Total Post**

Sent To: Curt Pletcher  
 121 N. Denver Ave.  
 Tulsa, Ok 74103-1819  
 sms/12-0628-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"> <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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT                  JUL 23 2012                  Legal Division</p> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>Curt Pletcher                  121 N. Denver Ave.                  Tulsa, Ok 74103-1819                  sms/12-0628-DIS/Cond. Ord.</p>	<p>is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If YES, enter delivery address below:</p> <p>JUL 16-2012</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>7001 0320 0004 4250 3458</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>