



Bondsman: David Scheving  
Power Number(s): ABB-12-17019  
Bond Amount(s): \$300

2. On March 26, 2013, the Defendant failed to appear and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case on April 4, 2013. 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. Aguilar received a copy of the Order and Judgment of Forfeiture on April 9, 2013.

4. Scheving received a copy of the Order and Judgment of Forfeiture on April 9, 2013.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, July 9, 2013. The Defendant was not returned to custody within ninety (90) days of receipt of the Order and Judgment of Forfeiture, nor was the face amount of the forfeited bond deposited with the court clerk within ninety-one (91) days.

6. As of July 26, 2013, the forfeited bail bond has not been paid or otherwise set aside or exonerated.

#### 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

**IT IS THEREFORE ORDERED that Roberta Aguilar and David Scheving are each CENSURED.**

**IT IS FURTHER ORDERED** that pursuant 59 O.S. § 1332 the face amount of the bond, **Three Hundred Dollars (\$300.00)**, shall be withdrawn from the deposit placed with the State of Oklahoma by Roberta Aguilar as reserve to meet sums due on forfeiture. The sums withdrawn are to be forwarded to the Tulsa Municipal Court Clerk for payment of the bond in case number 5938538, Defendant Spencyr Terrance Hughes. Such sums shall not be withdrawn from the deposit of Roberta Aguilar if the bond forfeiture is paid or set aside within 30 days of receipt of this Order.


Respondents are 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> Street, Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondent's actions described herein and any defenses thereto.**

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

WITNESS My Hand and Official Seal this 29<sup>th</sup> day of July, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
Buddy Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 522-0125

**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 29<sup>th</sup> day of July, 2013, to:

Roberta Aguilar  
121 N. Denver Ave.  
Tulsa, OK 74103-1819

David Scheving  
121 N. Denver Ave.  
Tulsa, OK 74103-1819

  
Buddy Combs

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

7001 0320 0004 4249 9119

OFFICIAL USE

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



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

**David Scheving**  
**121 N. Denver Ave.**  
**Tulsa, OK 74103-1819**  
**sms/13-0706-DIS/Cond Ord**

PS Form 3800, January 2001

**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:

David Scheving  
 121 N. Denver Ave.  
 Tulsa, OK 74103-1819  
**sms/13-0706-DIS/Cond Ord**

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)      C. Date of Delivery

8-1-13

D. Is delivery address different from item 1?  Yes  
 No  
 YES, enter delivery address below:  
 INSURANCE DEPARTMENT  
 AUG 06 2013

3. Service Type

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

4. Restricted Delivery? (Extra Fee)       Yes

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

OFFICIAL USE

7001 0320 0004 4249 9102

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



**Total Postage**

Sent To: **Roberta Aguilar**  
 121 N. Denver Ave.  
 Tulsa, OK 74103-1819  
**sms/13-0706-DIS/Cond Ord**

PS Form 3800, January 2007 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:

OKLAHOMA 1173

**Roberta Aguilar**  
 121 N. Denver Ave.  
 Tulsa, OK 74103-1819  
**sms/13-0706-DIS/Cond Ord**

AUG 06 2013

Legal Division

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *C. Frost*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 8-1-13

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

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 4249 9102**