

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

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

**FILED**

**MAR 31 2014**

**INSURANCE COMMISSIONER  
OKLAHOMA**

**CASE NO. 14-0057-DIS**

**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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.
2. Respondent Marsha Widener (“Widener”) is a licensed bail bondsman in the State of Oklahoma holding license number 199445.
3. Respondent Curtis Pletcher (“Pletcher”) is a licensed professional bail bondsman in the State of Oklahoma holding license number 199574.

**FINDINGS OF FACT**

1. On or about August 19, 2013, an appearance bond was executed as follows:

Defendant:	Alexander Arthur Cenicerros
Case Number(s):	CF-2013-4944
City/County:	Oklahoma County
Surety:	Curtis :Pletcher
Bondsman:	Marhsa Widener
Power Number(s):	48981
Bond Amount(s):	\$6000

2. On August 19, 2013, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on September 5, 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 Order's filing.

3. Widener received a copy of the Order and Judgment of Forfeiture on October 4, 2013.

4. Pletcher received a copy of the Order and Judgment of Forfeiture on October 8, 2013.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, January 2, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, January 3, 2014.

7. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

8. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

## 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 or company violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500.

## ORDER

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

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Oklahoma County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Curtis Pletcher's license privilege and authorization to do business within the State of Oklahoma and **CANCELLATION** of the surety appointment of all surety bondsman agents of Curtis Pletcher.

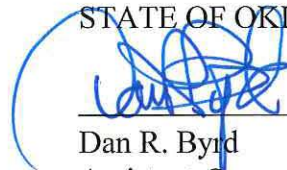
Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Dan R. Byrd, Assistant General Counsel, 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 fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 31<sup>st</sup> day of March, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_

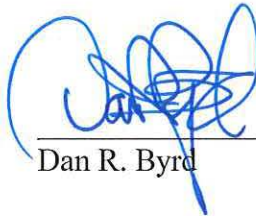
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 31<sup>st</sup> day of March, 2014, to:

Marsha Widener  
811 NW 24<sup>th</sup> Street  
Oklahoma City, OK 73106

Curtis Pletcher  
118 Hinkle St. SW  
Ardmore, OK 73401-6412



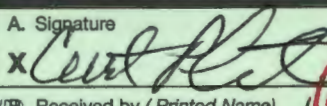
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Dan R. Byrd

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

7001 0320 0004 4248 4856

<b>OFFICIAL</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	
Sent To	<b>Curtis Pletcher</b>
Street, Apt. No or PO Box No.	<b>118 Hinkle St., SW</b>
City, State, Zip	<b>Ardmore, OK 73401-6412</b>
	<b>sms/14-0057-DIS/Cond Ord</b>
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  </p> <p>B. Received by (Printed Name)  <b>Curtis Pletcher</b></p> <p>C. Date of Delivery  <b>APR 2 2014</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes                  If YES, enter delivery address below:  <b>Legal Division</b>  <b>PO Box 66</b>  <b>Springer, OK 73458</b></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><del>Curtis Pletcher</del>  <del>118 Hinkle St., SW</del>  <del>Ardmore, OK 73401-6412</del>  <del>sms/14-0057-DIS/Cond Ord</del></p> </div> <p><i>Pls Send to other address</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number                  (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0004 4248 4856</p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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

OFFICIAL USE

E984 9424 4000 02E0 T002

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



**Total Post**

Sent To

Street, Apt. or PO Box No.

City, State, ZIP+4

Marsha Widener  
 811 NW 24th Street  
 OKC, OK 73106  
 sms/14-0057-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

**CERTIFIED MAIL**



7001 0320 0004 4248 4863

neopost  
 03/31/2014  
**US POSTAGE \$007.19**  
 FIRST CLASS MAIL  
 ZIP 73112  
 041L12209132

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
**APR 30 2014**  
 Legal Division



Marsha Widener  
 811 NW 24th Street  
 OKC, OK 73106

*Handwritten:* Off Notice 7/1/14

7311204511  
 731068566

NIXIE 731 DE 1700 0004/25/14  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 BC: 73112451125 \*0657-08129-31-40

OFFICIAL USE



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

**Marsha Widener**  
 811 NW 24th Street  
 OKC, OK 73106

**sms/14-0057-DIS/Cond Ord**

PS Form 3850, January 2001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7001 0320 0004 4248 4863

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  <b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Marsha Widener                      811 NW 24th Street                      OKC, OK 73106                      sms/14-0057-DIS/Cond Ord</p> </div>		<p>B. Received by (Printed Name)                      RECEIVED                      OKLAHOMA INSURANCE DEPARTMENT                      APR 30 2014                      Legal Division</p>	
<p>2. Article Number                      (Transfer from service label)                      7001 0320 0004 4248 4863</p>		<p>C. Date of Delivery</p>	
<p>PS Form 3811, February 2004</p>		<p>D. Is delivery address different from item 1?                      YES, enter delivery address below: <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p>Domestic Return Receipt</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>102595-02-M-1540</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	