



Bondsman: Roberta Ann Dampf Augilar  
Power Number(s): N/A  
Bond Amount(s): \$500

2. On February 19, 2014, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on February 26, 2014. 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 Order's filing.

3. Augilar received a copy of the Order and Judgment of Forfeiture on February 27, 2014.

4. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondent was Wednesday, May 28, 2014.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondent was Thursday, May 29, 2014.

6. The bond forfeiture was paid on May 30, 2014.

7. 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 Respondent.

#### **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 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**

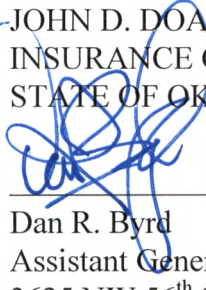
**IT IS THEREFORE ORDERED** that Robert Ann Dampf Augilar is **CENSURED**.

**If Respondent does 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.**

WITNESS My Hand and Official Seal this 27<sup>th</sup> day of June, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

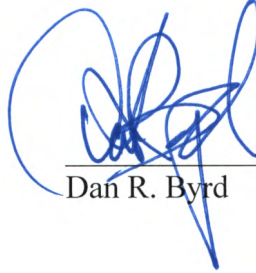
  
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Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 27~~th~~ day of June, 2014, to:

Roberta Ann Dampf Augilar  
121 N. Denver Ave.  
Tulsa, OK 74103-1819

Certified Mail No.  
7001 0320 0004 4249 4572



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Dan R. Byrd

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

OFFICIAL USE

7001 0320 0004 4249 4572

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



Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

Roberta Ann Dampf Augilar  
 121 N. Denver Ave.  
 Tulsa, OK 74103-1819  
 rlg/14-0632-DIS/Cond. Adm. Ord.

PS Form 3800, January 2001

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                  X <i>R. Young</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>R. Young</i></p> <p>C. Date of Delivery  <i>8-30-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">                     Roberta Ann Dampf Augilar                      121 N. Denver Ave.                      Tulsa, OK 74103-1819                      rlg/14-0632-DIS/Cond. Adm. Ord.                 </div>	<p>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT                  JUL 03 2014                  Legal Division</p>
<p>2. Article Number                  (Transfer from service label)</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>7001 0320 0004 4249 4572</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>