

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED  
JAN 21 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. )  
CLYDE LAFFERTY, a licensed bail bondsman )  
in the State of Oklahoma, )  
AND )  
JOE BOB NELSON, a multicounty agent bail )  
bondsman licensed in the State of Oklahoma, )  
Respondents. )

CASE NO. 15-1132-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 Clyde Lafferty (“Lafferty”) is a licensed bail bondsman in the State of Oklahoma holding license number 200096.
3. Respondent Joe Bob Nelson (“Nelson”) is a licensed multicounty agent bail bondsman in the State of Oklahoma holding license number 199225.

**FINDINGS OF FACT**

1. On or about February 4, 2015, an appearance bond was executed as follows:

Defendant:	Kimberly Renee Sullivan
Case Number(s):	CM-2015-67
City/County:	Logan County Court Clerk
Surety:	Joe Bob Nelson
Bondsman:	Clyde Lafferty
Power Number(s):	J10 16146
Bond Amount(s):	\$1000

2. On June 11, 2015, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on June 17, 2015. 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. Lafferty received a copy of the Order and Judgment of Forfeiture on June 22, 2015.

4. Nelson received a copy of the Order and Judgment of Forfeiture on June 19, 2015.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, September 21, 2015.

6. The bond forfeiture paid late on October 2, 2015.

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 Respondents.

8. The bond was reported.

**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 Clyde Lafferty and Joe Bob Nelson are each CENSURED and **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 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 21<sup>st</sup> day of January, 2016.



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**

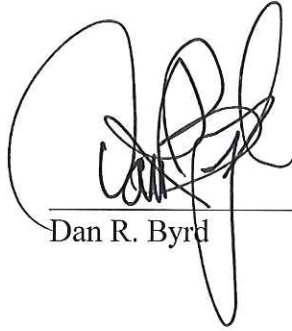
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 21<sup>st</sup> day of January, 2016, to:

Clyde Lafferty  
305 E. Industrial Rd.  
Guthrie, OK 73044

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 5371**

Joe Bob Nelson  
302 W Choctaw Ave  
Chickasha, OK 73018-2635

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 5388**



\_\_\_\_\_

Dan R. Byrd

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7015 0640 0002 7406 5371

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 \_\_\_\_\_

Street and Apt. No., or PO Box  
 \_\_\_\_\_

City, State, ZIP+4®  
 \_\_\_\_\_

Clyde Lafferty  
 305 E. Industrial Rd.  
 Guthrie, OK 73044  
**15-1132-DIS/DRB(mt)**  
 (Cond.Adm.Ord & Notice~1-21-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Clyde Lafferty  
 305 E. Industrial Rd.  
 Guthrie, OK 73044  
**15-1132-DIS/DRB(mt)**  
 (Cond.Adm.Ord & Notice~1-21-16)



2. Article Number (Transfer from service label)  
**7015 0640 0002 7406 5371**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

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

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

RECEIVED  
 OKLAHOMA INSURANCE  
 JAN 2 2016  
 OBSERVANT  
 Legal Division

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Insured Mail Restricted Delivery (over \$500)

PS Form 3811, April 2015 PSN 7530-02-000-9058 Domestic Return Receipt

**U.S. Postal Service™**  
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 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_



Joe Bob Nelson  
 302 W. Choctaw Ave.  
 Chickasha, OK 73018-2635  
**15-1132-DIS/DRB(mt)**  
**(Cond.Adm.Ord & Notice~1-21-16)**

Sent To \_\_\_\_\_  
 Street and Apt. No., or PO Box \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

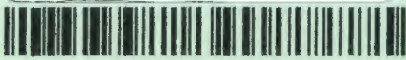
7015 0640 0002 7406 5388

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Joe Bob Nelson  
 302 W. Choctaw Ave.  
 Chickasha, OK 73018-2635  
**15-1132-DIS/DRB(mt)**  
**(Cond.Adm.Ord & Notice~1-21-16)**



9590 9403 0272 5155 0711 36

2. Article Number (Transfer from service label)

7015 0640 0002 7406 5388

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Joanna Ward*  Agent  
 Addressee

B. Received by (Printed Name) *Joanna Ward* C. Date of Delivery *1-25-16*

RECEIVED delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:  No

OKLAHOMA INSURANCE DEPARTMENT  
 JAN 27 2016  
 Legal Division

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt