

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, )  
)  
)  
  Petitioner,             ) )  
vs.   ) )  
)  
JULIA JANAY SPENCER, a licensed bail bondsman in the State of Oklahoma,     ) )  
)  
and   ) )  
)  
ROBERTA ANN DAMPF AGUILAR, a                     ) )  
multicounty agent bail bondsman licensed in the State of Oklahoma,     ) )  
)  
  Respondents.             ) )

FILED  
JUN 27 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 16-0612-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, Barron B. Brown, 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. §§ 1301-1341.
2. Respondent Julia Janay Spencer (“Spencer”) is a licensed bail bondsman in the State of Oklahoma holding license number 100234156.
3. Respondent Roberta Ann Dampf Aguilar (“Aguilar”) is a licensed multicounty agent bail bondsman in the State of Oklahoma holding license number 199461.
4. Pursuant to 59 O.S. § 1310(B), in addition to any potential denial, censure,

suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence of a violation.

**ALLEGATIONS OF FACT**

1. On or about January 21, 2016, an appearance bond was executed as follows:

Defendant:	Juan Paul Trinidad
Case Number(s):	CF-2016-366
City/County:	Oklahoma County District Court
Surety:	Roberta Ann Dampf Aguilar
Bondsman:	Julia Janay Spencer
Power Number(s):	ABB-15-30011
Bond Amount(s):	\$6,500.00

2. On March 1, 2016, 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 March 10, 2016, by the Oklahoma County District Court Clerk. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents' address of record with return receipt requested within thirty (30) days after the Order's filing.

3. Spencer received a copy of the Order and Judgment of Forfeiture on March 11, 2016.

4. Aguilar received a copy of the Order and Judgment of Forfeiture on March 12, 2016.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture was June 10, 2016.

6. 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

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

**ALLEGED VIOLATIONS OF LAW**

1. Respondents have violated 59 O.S. § 1332(D); by failing to timely return the Defendant within ninety (90) days or timely remit payment in the face amount of the bond forfeitures within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

**ORDER**

**IT IS THEREFORE ORDERED that Spencer and Aguilar are each FINED Five Hundred Dollars (\$500.00). The fines are to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Payment may be made by either cashier's check or money order. If the fines are not paid within thirty (30) days, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.**

**IT IS FURTHER ORDERED that Respondent Aguilar is to pay the forfeiture in Oklahoma County District Court Case Number CF-2016-366, State of Oklahoma v. Juan Paul Trinidad. If the forfeiture is not paid within thirty days, pursuant to 59 O.S. § 1332(D), the Oklahoma Insurance Department is ordered to withdraw the face amount of the bond, Six Thousand and Five Hundred Dollars (\$6,500.00), from Aguilar's multicounty agent deposit and forward it to the Oklahoma County District Court Clerk for payment of the bond forfeiture.**

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on

the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 27<sup>th</sup> day of June, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*Barron B. Brown*

\_\_\_\_\_  
Barron B. Brown  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
(405) 521-2746

**CERTIFICATE OF MAILING**

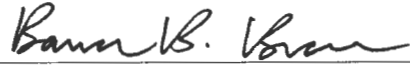
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on this 27<sup>th</sup> day of June, 2016, to:

Julia Janay Spencer  
809 N. Classen Blvd.  
Oklahoma City, OK 73106

**CERTIFIED MAIL NO. 7015 3010 0001 4736 9809**

Roberta Ann Dampf Aguilar  
121 N. Denver Ave.  
Tulsa, OK 74103

**CERTIFIED MAIL NO. 7015 3010 0001 4736 9816**



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Barron B. Brown  
Assistant General Counsel

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Julia Janay Spencer  
 809 N. Classen Blvd.  
 Oklahoma City, OK 73106  
 rlg/16-0612-DIS(BBB)/Cond Adm Ord

PS Form 3800, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</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"/> <i>Jonathan</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jonathan</i> C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Julia Janay Spencer              809 N. Classen Blvd.              Oklahoma City, OK 73106              rlg/16-0612-DIS(BBB)/Cond Adm Ord</p>  <p>9590 9402 1900 6104 3898 70</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes              If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT              JUN 30 2016              Legal Division</p>
<p>2. Article Number (Transfer from service label)              7015 3010 0001 4736 9809</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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Adult Signature Restricted Delivery \$ \_\_\_\_\_



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**Total Postage and Fees**  
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Sent To Roberta Ann Dampf Aguilar  
 121 N. Denver Ave.  
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 City, State, ZIP+4® rlg/16-0612-DIS(BBB)/Cond Adm Ord

PS Form 3800, April 2015 PSN 7530-02-000-9053

7015 3010 0001 4736 9816

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<p>1. Article Addressed to:</p> <p>Roberta Ann Dampf Aguilar                  121 N. Denver Ave.                  Tulsa, OK 74103                  rlg/16-0612-DIS(BBB)/Cond Adm Ord</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                  If YES, enter delivery address below:</p> <p>OKLAHOMA INSURANCE DEPARTMENT                  JUL 08 2016                  Legal Division</p>
<p>2. Article Number (Transfer from service label)                  7015 3010 0001 4736 9816</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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