

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

FILED
AUG 03 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	
)	
THOMAS ALLEN HALE, a licensed bail bondsman in the State of Oklahoma,)	
)	
AND)	
)	
DUSTIN CLINT PLETCHER, a professional bail bondsman licensed in the State of Oklahoma,)	
)	
Respondents.)	

CASE NO. 16-0740-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. §§ 1301-1341.

- 2. Respondent Thomas Allen Hale (“Hale”) is a licensed bail bondsman in the State of Oklahoma holding license number 100164056.

- 3. Respondent Dustin Clint Pletcher (“Pletcher”) is a professional bail bondsman licensed in the State of Oklahoma holding license number 40070339.

FINDINGS OF FACT

1. On or about July 15, 2015, an appearance bond was executed as follows:

Defendant:	Rodney A. Worthington
Case Number(s):	CM-2015-2015
City/County:	Oklahoma County Court Clerk
Surety:	Dustin Clint Pletcher
Bondsman:	Thomas Allen Hale
Power Number(s):	2455
Bond Amount(s):	\$1,000

2. On April 7, 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 April 19, 2016 by the Oklahoma County Court Clerk. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents on April 19, 2016 with return receipt requested within thirty (30) days after the Order's filing.

3. Hale received a copy of the Order and Judgment of Forfeiture on April 20, 2016.

4. Pletcher's copy of the Order and Judgment of Forfeiture was unclaimed.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was Wednesday, July 20, 2016.

6. The bond forfeiture was paid late on July 26, 2016.

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 amounts of the bond forfeitures within ninety-one (91) days from receipt of the Orders and Judgments of Forfeitures.

2. Pursuant to 59 O.S. § 1310(B), any bondsman 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 Thomas Allen Hale and Dustin Clint Pletcher are each 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 Conditional Administrative 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 Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondents' actions alleged herein and any defenses thereto.**

If Respondents have not paid the fines ordered herein and do not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order, Respondents' license shall be immediately suspended, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 3rd day of August, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



DAN R. BYRD
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

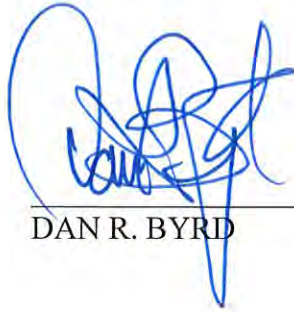
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 3rd day of August, 2016, to:

Thomas Allen Hale
3634 NW 39th St.
Oklahoma City, OK 73112-6367

Dustin Clint Pletcher
12844 Acme Rd.
Shawnee, OK 74804-9194

**CERTIFIED MAIL NO:
7016 0910 0000 5833 7712**

**CERTIFIED MAIL NO:
7016 0910 0000 5833 7705**



DAN R. BYRD

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- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

Thomas Allen Hale
 3634 NW 39TH St.
 Oklahoma City, OK 73112-6367
16-0740-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice~ 8-03-16)



7016 0910 0000 5833 7705

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <u>Olive Park</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Olive Park</u> C. Date of Delivery <u>8/15/16</u></p>	
<p>1. Article Addressed to:</p> <p>Thomas Allen Hale 3634 NW 39TH St. Oklahoma City, OK 73112-6367 16-0740-DIS/DRB(mt) (Cond. Adm. Ord. & Notice~ 8-03-16)</p>	<p>2. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT AUG 09 2016 Legal Division</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 5833 7705</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage

Total Postage and Fees

Dustin Clint Pletcher
 12844 Acme Rd.
 Shawnee, OK 74804-9194
16-0740-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice~ 8-03-16)

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

7016 0910 0000 5833 7712

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
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<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 5833 7712</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>	
<p>Barcode: 9590 9402 1736 6074 9184 35</p>		<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT AUG 22 2016 Legal Division</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt