

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)
)
)
Petitioner,)
vs.)
)
SAVANNAH LYNN FORD, a licensed bail bondsman in the State of Oklahoma,)
)
AND)
)
JOE ROBERT NELSON, a professional bail bondsman licensed in the state of Oklahoma,)
)
)
Respondents.)

CASE NO. 16-0976-DIS

FILED
NOV 16 2016
INSURANCE COMMISSIONER
OKLAHOMA

**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, Sandra G. LaVenue, 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. §§ 101-7401, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Respondent Savannah Lynn Ford ("Ford") is a licensed bail bondsman in the State of Oklahoma holding license number 100215550.

3. Respondent, Joe Robert Nelson ("Nelson"), is a professional bail

bondsman in the state of Oklahoma holding license number 199225.

4. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to 59 O.S. §§ 1310 and 1332.

5. 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.

6. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

7. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

ALLEGATIONS OF FACT

8. On or about September 30, 2015, an appearance bond was executed as follows:

Defendant:	Timmy Lee McGee
Case Number(s):	TR-2015-3501
City/County:	Comanche County
Surety:	Joe Robert Nelson
Bondsman:	Savannah Lynn Ford

Power Number(s): J250 1361
Bond Amount(s): \$500.00

9. On March 25, 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 28, 2016, by the Comanche County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Ford and Nelson with return receipt requested within thirty (30) days after the Order's filing.

10 Ford received a copy of the Order and Judgment of Forfeiture on April 8, 2016.

11. Nelson received a copy of the Order and Judgment of Forfeiture on April 4, 2016.

12. On July 5, 2016, the Comanche County District Court issued a ninety (90) day stay of the Order and Judgment of Forfeiture.

13. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture in addition to the ninety (90) day stay was October 3, 2016.

14. As of the date of the filing of this Conditional Administrative Order, the forfeiture has not been paid nor was the defendant timely returned to custody.

ALLEGED VIOLATIONS OF LAW

15. Respondents have violated 59 O.S. § 1332 by failing to return the Defendant to custody 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.

16. 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 per violation.

ORDER

IT IS THEREFORE ORDERED that Ford and Nelson are each FINED Two Hundred and Fifty Dollars (\$250.00). The fines are to be paid within thirty (30) days of the date of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. 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 the face amount of the bond forfeiture shall be deposited with the Comanche County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) in Comanche County case number TR-2015-3501, State v. Timmy Lee McGee. If the forfeiture is not paid within thirty (30) days of this Conditional Order, the Oklahoma Insurance Department is ordered to withdraw the face amount of the bond from Nelson's professional bail bondsman certificate of deposit and forward it to the Comanche County 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 either Ford or Nelson requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of this Conditional Order, the penalties set forth above shall become a Final Order on the thirty-first (31st) day following the date of mailing this

Order. A request for hearing should be in writing and addressed to Sandra LaVenue, Oklahoma Insurance Department, Legal Division, 3625 NW 56th 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 and shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 *through* 324. If either Ford or Nelson serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 16th day of November, 2016.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA




Sandra LaVenue
Senior 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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 10th day of November 2016, to:

Savannah Lynn Ford
608 S.W. D Ave.
Lawton, OK 73501


CERTIFIED MAIL NO.

Joe Robert "Bob" Nelson
302 W. Choctaw Ave.
Chickasha, OK 73018

CERTIFIED MAIL NO.

and a copy was delivered to:

Anna Denman
Bail Bonds Division



Sandra LaVenue
Senior Counsel

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

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Certified Mail Fee
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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®

Joe Robert "Bob" Nelson
 302 W. Choctaw Ave.
 Chickasha, OK 73018
**sms/16-0976-DIS (SGL)/
 Cond Ord.**

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

7016 0910 0000 5833 6609

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 X <i>Joe Nelson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Joe Nelson 11/18/16</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Joe Robert "Bob" Nelson 302 W. Choctaw Ave. Chickasha, OK 73018 sms/16-0976-DIS (SGL)/ Cond Ord. </div> <p>9590 9402 1736 6074 9330 94</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>RECEIVED, enter delivery address below: OKLAHOMA INSURANCE DEPARTMENT NOV 22 2016 Legal Division</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 6609</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>

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

Domestic Return Receipt

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Return Receipt (hardcopy) \$ _____

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

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

Savannah Lynn Ford
 608 SW D. Ave.
 Lawton, OK 73501
sms/16-0976-DIS (SGL)
 Cond Ord



7016 0910 0000 5833 6593

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Savannah Lynn Ford 608 SW D. Ave. Lawton, OK 73501 sms/16-0976-DIS (SGL) Cond Ord</p> </div> <p>9590 9402 1736 6074 9331 00</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 5833 6593</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael A. Feunung</i> C. Date of Delivery _____</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes If yes, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT DEC 14 2016 Legal Division</p> <p>USPS 501 SW 5TH ST LAWTON, OK 73501 DEC 14 2016</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"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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