

FILED  
APR 20 2017  
INSURANCE COMMISSIONER  
OKLAHOMA

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
vs. )  
 )  
CURTIS HOPCUS, a licensed bail bondsman in )  
the State of Oklahoma, )  
AND )  
CURTIS PLETCHER, a professional )  
bail bondsman licensed in the state of Oklahoma, )  
Respondents. )

CASE NO. 16-1146-DIS

CONSENT ORDER

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, and the Respondents, Curtis Pletcher and Curtis Hopcus, and enter into this Consent Order.

JURISDICTION

1. That the Insurance Commissioner has jurisdiction over this cause, pursuant to the provisions of the Oklahoma Bail Bond Code, OKLA. STAT. tit. 59, §§ 1301-1340.
2. Respondent Curtis Hopcus ("Hopcus") is a licensed bail bondsman in the State of Oklahoma holding license number 100230523.
3. Respondent Curtis Pletcher ("Pletcher"), is a professional bail bondsman in the state of Oklahoma holding license number 199574.
4. That Respondent Pletcher and Hopcus have been apprised of their rights including the right to a public hearing and have knowingly and freely waived said rights and enter into this Consent Order as a voluntary settlement to the issues and questions raised in the above captioned

CASE.

**STIPULATIONS OF FACT**

1. On or about July 20, 2016, an appearance bond was executed as follows:

Defendant:	David Wayne Ivers
Case Number(s):	CM-2016-840
City/County:	Comanche County Court Clerk
Surety:	Curtis Pletcher
Bondsman:	Curtis Pletcher
Power Number(s):	104031
Bond Amount(s):	\$1,000.00

2. On September 7, 2016, the Defendant failed to appear and the bonds were declared forfeited. An Order and Judgment of Forfeiture was issued and filed on September 12, 2016, by the Comanche County District Court.

3. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Hopcus and Pletcher with return receipt requested within thirty (30) days after the Order's filing.

4. Hopcus received a copy of the Order and Judgment of Forfeiture on September 19, 2016.

5. Pletcher received a copy of the Order and Judgment of Forfeiture on September 14, 2016.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture was December 19, 2016.

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 Defendant was returned to custody on January 10, 2017, after the 91 days passed. The bond was exonerated on that date.

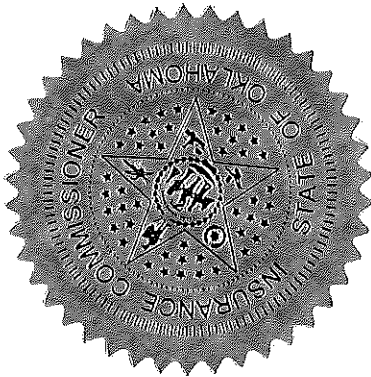
**CONCLUSIONS OF LAW**

1. 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.

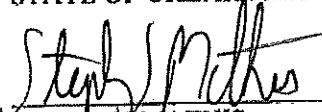
**ORDER AND CONSENT**

IT IS THEREFORE ORDERED by the Insurance Commissioner and CONSENTED to by both Respondents that they shall each be and are hereby fined in the amount of Five Hundred Dollars (\$500.00). The fines are to be paid immediately but no later than April 12, 2017. IT IS FURTHER ORDERED that the Forfeited amount shall be paid in the referenced criminal case immediately should the Comanche County District Clerk show the bond as outstanding.

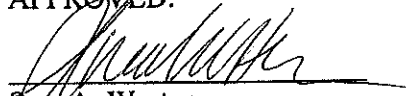
WITNESS My Hand and Official Seal this 19 day of April 2017.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
STEPHEN MATHIS  
Hearing Examiner

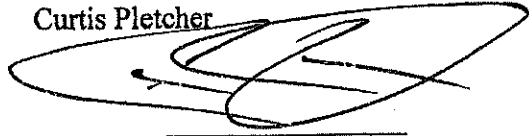
APPROVED:



Sara A. Worten  
Assistant General Counsel



Jeff Eulberg  
Attorney for Respondent  
Curtis Pletcher



Curtis Hopcus  
Bail Bondsman

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Consent Order* was mailed by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 20<sup>th</sup> day of April 2017, to:

Curtis Hopcus  
611 SW E Avenue  
Lawton, OK 73501

**CERTIFIED MAIL NO. 7016 2140 0000 3510 5061**

Jeff Eulberg  
Eulberg Law Office, PLLC  
925 N.W 6<sup>th</sup>  
Oklahoma City, OK 73106  
Attorney for Respondent Curtis Pletcher

**CERTIFIED MAIL NO. 7016 2140 0000 3510 5078**

and a copy was delivered to:

Lewis Garrison  
Bail Bonds Division



Sara A. Worten  
Assistant General Counsel

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



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

Sent To  
 Jeff Eulberg  
 Eulberg Law Office, PLLC  
 925 N.W. 6TH  
 Oklahoma City, OK 73106  
 Attorney for Respondent Curtis Pletcher  
 16-1146-DIS/SAW(mt)  
 (Consent Ord. ~4-20-17)

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

7016 2140 0000 3510 5078

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>Jeff Eulberg                      Eulberg Law Office, PLLC                      925 N.W. 6TH                      Oklahoma City, OK 73106                      Attorney for Respondent Curtis Pletcher                      16-1146-DIS/SAW(mt)                      (Consent Ord. ~4-20-17)</p> </div> <p>2. Article Number (Transfer from service label)  <b>7016 2140 0000 3510 5078</b></p>	<p>A. Signature    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <u>James Choate</u></p> <p>C. Date of Delivery  <u>4/26/17</u></p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> <p>4. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                      If Yes, enter delivery address below:</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
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Curtis Hopcus  
 611 SW E. Avenue  
 Lawton, OK 73501  
 16-1146-DIS/SAW(mt)  
 (Consent Ord. ~4-20-17)



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

7016 015E 0000 04T2 PTD

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<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 envelope or on the front if space permits.</li> </ul>		<p>A. Signature    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                  CURTIS HOPCUS                  C. Date of Delivery                  APR 21 2017  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:                  Curtis Hopcus                  611 SW E. Avenue                  Lawton, OK 73501                  16-1146-DIS/SAW(mt)                  (Consent Ord. ~4-20-17)</p> <p>9590 9402 2617 6336 1426 70</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: _____</p> <p>3. Service Type  <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)</p> <p><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>	
<p>2. Article Number (Transfer from service label)                  7016 2140 0000 3510 5061</p>			

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 APR 27 2017  
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt