



5. 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.

6. 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**

7. On or about May 17, 2016, an appearance bond was executed as follows:

Defendant:	Amy Marie Smith
Case Number(s):	CF-2015-277
City/County:	Craig County
Surety:	Richard Maple
Bondsman:	Richard Maple
Bond Amount(s):	\$5,000.00

8. On September 16, 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 September 23, 2016, by the Craig County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Maple with return receipt requested within thirty (30) days after the Order's filing.

9. Maple received a copy of the Order and Judgment of Forfeiture on September 27, 2016.

10. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture was December 27, 2016.

11. Maple untimely returned Defendant to custody on or about February 10, 2016,

and the bond was exonerated.

**ALLEGED VIOLATIONS OF LAW**

12. Respondent has 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.

13. 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 Maple is FINED Two Hundred and Fifty Dollars (\$250.00).** The fine is 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 fine is not paid within thirty (30) days, Respondent's license 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 Craig County Court Clerk in Craig County case number CF-2015-277, State v. Amy Marie Smith. 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 Maple's professional bail bondsman certificate of deposit and forward it to the Craig County Court Clerk for payment of the bond forfeiture.

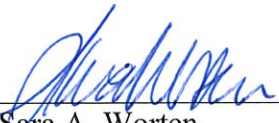
**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless Maple requests a hearing with

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 (31<sup>st</sup>) day following the date of mailing this Order. A request for hearing should be in writing and addressed to Sara A. Worten, 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 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 Maple 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 9<sup>th</sup> day of March, 2017.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Sara A. Worten  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 9<sup>th</sup> day of March 2017, to:

Richard Maple  
104 1<sup>st</sup> Avenue SE  
Miami, OK 74354-7047

**CERTIFIED MAIL NO. 7016 0910 0000 8401 7374**

and a copy was delivered to:

Lewis Garrison  
Bail Bonds Division



\_\_\_\_\_  
Sara A. Worten  
Assistant General Counsel

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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Certified Mail Restricted Delivery \$ \_\_\_\_\_

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

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

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

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

Sent To  
 Richard Maple  
 104 1st Avenue SE  
 Miami, OK 74354-7047  
 17-0060-DIS/SAW(mt)  
 (Cond. Adm. Ord. & Notice -3-09-17)

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



7016 0910 0000 8401 7374

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"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery                  Richard Maple 3-13-17</p> <p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Richard Maple                  104 1st Avenue SE                  Miami, OK 74354-7047                  17-0060-DIS/SAW(mt)                  (Cond. Adm. Ord. &amp; Notice -3-09-17)</p>	<p>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT                  MAR 16 2017                  Legal Division</p>	
<p>2. Article Number (Transfer from service label)                  7016 0910 0000 8401 7374</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 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>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		