



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 a Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 59 O.S. §1311.1, 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 and 59 O.S. § 1311.1(E), 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 August 11, 2016, an appearance bond was executed as follows:

Defendant:	Fredericka Lily Walton
Case Number(s):	CF-2016-3015
City/County:	Comanche County
Surety:	Curtis Pletcher
Bondsman:	Michael Campbell
Power Number(s):	92920
Bond Amount(s):	\$4,000.00

9. On October 27, 2016, the Defendant failed to appear and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed on October 27, 2016, by the Oklahoma County District Court. A true and correct copy of the Order and Judgment of

Forfeiture was mailed to Campbell and Pletcher with return receipt requested within thirty (30) days after the Order's filing.

10. Pletcher received a copy of the Order and Judgment of Forfeiture on November 10, 2016.

11. Pursuant to Oklahoma Regulation 365:25-5-40 (b)(2), the ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture was February 9, 2017.

12. As of the date of the filing of this Conditional Administrative Order, the forfeiture has not been paid. The defendant was untimely returned to custody on February 14, 2017.

### **ALLEGED VIOLATIONS OF LAW**

13. 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.

14. 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 Campbell and Pletcher are each FINED Five Hundred Dollars (\$500.00).** 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 Oklahoma County Court Clerk in Oklahoma County case number CF-2016-3015. 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 bonds from Pletcher's professional bail bondsman certificate of deposit and forward it to the Oklahoma 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 Campbell or Pletcher 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 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 either Campbell or Pletcher 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 27<sup>th</sup> day of March, 2017.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Sara A. Worten", written over a horizontal line.

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 27<sup>th</sup> day of March 2017, to:

Michael Campbell  
115 S. Peters Ave  
Suite 6  
Norman, OK 73069-6047

**CERTIFIED MAIL NO. 7016 0910 0000 8401 2928**

Michael Campbell  
129 Savannah  
Ardmore, OK 73401


**CERTIFIED MAIL NO. 7016 0910 0000 8401 2935**

Curtis Pletcher  
P.O. Box 66  
Springer, OK 73458

**CERTIFIED MAIL NO. 7016 0910 0000 8401 2942**

and a copy was delivered to:

Lewis Garrison  
Bail Bonds Division

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

U.S. Postal Service™  
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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**  
 \$ \_\_\_\_\_

Sent To  
 Street and Apt. No., or PO Box  
 \_\_\_\_\_

City, State, ZIP+4®  
 \_\_\_\_\_

Curtis Pletcher  
 P.O. Box 66  
 Springer, OK 73458  
**17-0130-DIS/SAW(mt)**  
**(Cond. Adm. Ord. & Notice ~3-27-17)**



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

7016 0910 0000 8401 2942

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>Curtis Pletcher                      P.O. Box 66                      Springer, OK 73458  <b>17-0130-DIS/SAW(mt)</b>  <b>(Cond. Adm. Ord. &amp; Notice ~3-27-17)</b></p> </div> <p>9590 9402 1736 6074 9240 61</p> <p>2. Article Number (Transfer from service label)                      7016 0910 0000 8401 2942</p>	<p>A. Signature                      X <i>Curt Pletcher</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                      Curt Pletcher</p> <p>C. Date of Delivery                      APR 04 2017</p> <p>RECEIVED                      OKLAHOMA INSURANCE DEPARTMENT                      Legal Division</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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" 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>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" 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)	
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																



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

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



Postage  
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Total Postage and Fees  
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Michael Campbell  
115 S. Peters Ave., Suite 6  
Norman, OK 73069-6047  
17-0130-DIS/SAW(mt)  
(Cond. Adm. Ord. & Notice ~3-27-17)

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

7016 0910 0000 8401 2928

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1. Article Addressed to:

Michael Campbell  
115 S. Peters Ave., Suite 6  
Norman, OK 73069-6047  
17-0130-DIS/SAW(mt)  
(Cond. Adm. Ord. & Notice ~3-27-17)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Marjorie*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery  
3-28-17

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT  
MAR 30 2017  
Legal Division

Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



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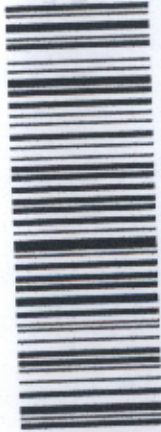
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt





**JOHN D. DOAK**  
**Insurance Commis**  
 Oklahoma Insurance De  
 5 Corporate Plaza  
 3625 N.W. 56th St., Ste.  
 Oklahoma City, OK 7311



7016 0910 0000 8401 2935

UNITED STATES

2017 APR 17 AM 10 26

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 APR 18 2017  
 Legal Division

Michael Campbell  
 129 Savannah  
 Ardmore, OK 73401

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03/27/2017

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BC: 73112451999

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7036 0930 0000 8401 2935

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

B. Received by (Printed Name)

C. Date of Delivery

Agent  
 Addressee

RECEIVED  
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APR 8 2017  
Legal Division

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

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