

Case Number(s):	CM-2006-4230
City/County:	Oklahoma County
Surety:	Curtis Pletcher
Bondsman:	Stacy French
Power Number(s):	35968
Bond Amount(s):	\$4,000

2. On April 25, 2012, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on May 15, 2012, and filed in the case. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the forfeiture.

3. French received a copy of the Order and Judgment of Forfeiture on May 16, 2012.

4. Pletcher received a copy of the Order and Judgment of Forfeiture on May 16, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, August 14, 2012. 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 of receipt of the Order and Judgment of Forfeiture.

6. On August 14, 2012, French attempted to pay the forfeiture by personal check but the check was returned as insufficient funds.

7. On August 27, 2012, French replaced the insufficient funds check with a cashier's check.

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 amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of

Forfeiture.

2. Pursuant to 59 O.S. § 1310(B), any bondsman violating a provision of the Bail Bond Act may be subject to a civil penalty ranging from \$250 to \$2,500.

ORDER

IT IS THEREFORE ORDERED that Stacy French and Curtis Pletcher are each CENSURED and FINED Four Hundred Dollars (\$400.00).

Respondents are further notified that they may request a hearing within 30 days of the receipt of this 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 William G. "Buddy" Combs, 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 do not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31st day following the receipt of the Order, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 6th day of September, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Buddy Combs

William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

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 6th day of September, 2012, to:

Stacy French
1330 N. Classen Blvd., Suite G40
Oklahoma City, OK 73106-6836

Curt Pletcher
P.O. Box 66
Springer, OK 73458-0066



William G. "Buddy" Combs

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0003 9967 8315

OFFICIAL BUSINESS



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To
 Stacy French
 1330 N. Classen Blvd., Suite G40
 OKC, OK 73106-6836
 sms/12-0806-DIS/Cond. Ord.

PS Form 3800, January 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

1. Article Addressed to:

Stacy French
 1330 N. Classen Blvd., Suite G40
 OKC, OK 73106-6836
 sms/12-0806-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

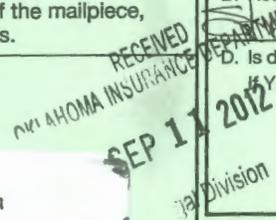
B. Received by (Printed Name) C. Date of Delivery
 Stacy French 9/7/12

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

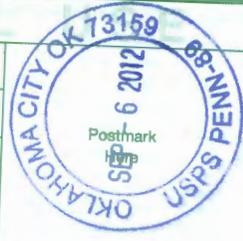
2. Article Number (Transfer from service label) 7001 0320 0003 9967 8315



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0003 9967 8322

OFFICIAL MAIL



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Sent To: Curt Pletcher
 P.O. Box 66
 Springer, Ok 73458-0066
 sms/12-0806-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Curt Pletcher</i></p> <p>C. Date of Delivery <i>OCT 04 2012</i></p> <p>D. Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. Delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Legal Division</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Curt Pletcher P.O. Box 66 Springer, Ok 73458-0066 sms/12-0806-DIS/Cond. Ord.</p> </div>	<p>2. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0003 9967 8322</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	