

Defendant: Leonard David Pece
Case Number(s): CM-2014-2289
City/County: Oklahoma County Court Clerk
Surety: Gina Leboeuf
Bondsman: Shelby Dooley
Power Number(s): 54081
Bond Amount(s): \$2500

2. On November 19, 2014, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on December 1, 2014. 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 Order's filing.

3. Dooley received a copy of the Order and Judgment of Forfeiture on December 2, 2014.

4. Leboeuf received a copy of the Order and Judgment of Forfeiture on December 2, 2014.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, March 2, 2015.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, March 3, 2015.

7. The bond forfeiture paid late on March 9, 2015.

8. 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.

9. The bond was reported.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332(D) 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 or company 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.

ORDER

IS THEREFORE ORDERED that Gina Leboeuf and Shelby Dooley are each **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

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 Dan R. Byrd, Assistant General Counsel, 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 9th day of April, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

CERTIFICATE OF MAILING

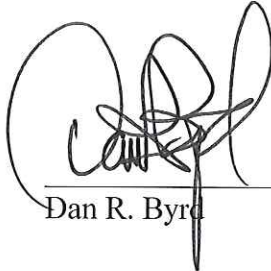
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 9th day of April, 2015, to:

Gina Leboeuf
217 N. Harvey, #103-A
Oklahoma City, OK 73102

**CERTIFIED MAIL NO:
7014 2870 0000 5492 9804**

Shelby Dooley
217 N. Harvey, #100A
Oklahoma City, OK 73102

**CERTIFIED MAIL NO:
7014 2870 0000 5492 9811**



Dan R. Byrd

7014 2870 0000 5492 9804

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

OFFICIAL USE

For delivery information, visit our website at www.usps.com

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

Total Postage & Fees

Sent To

Street & Apt. No., or PO Box No.
City, State, ZIP+4

Gina Lenoef
217 N. Harvey, #103-A
Oklahoma City, OK 73102
15-0336-DIS/DRB(mt)
(Cond. Adm. Ord. ~4-09-15)



PS Form 3800, July 2014 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:

Gina Lenoef
217 N. Harvey, #103-A
Oklahoma City, OK 73102
15-0336-DIS/DRB(mt)
(Cond. Adm. Ord. ~4-09-15)
Amended

2. Article Number (Transfer from service label) 7014 2870 0000 5492 9804

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Gina Lenoef*
 B. Received by (Printed Name) *Gina Lenoef*
 C. Date of Delivery *APR 14 2015*

D. Is delivery address different from item 1? Yes No
YES, enter delivery address below:
OKLAHOMA INSURANCE DEPARTMENT
APR 14 2015

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2870 0000 5492 9811

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

OFFICIAL USE

For delivery information, visit our website at www.usps.com

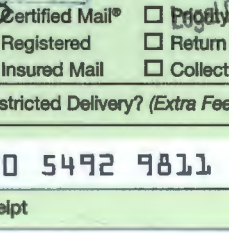
Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Postage

Sent To

Street & Apt. No. or PO Box No.
City, State, ZIP

Shelby Dooley
217 N. Harvey, #100-A
Oklahoma City, OK 73102
15-0336-DIS/DRB(mt)
(Cond. Adm. Ord. ~4-09-15)
Amended



PS Form 3800, July 2014 See Reverse for Instructions

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- 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:

Shelby Dooley
217 N. Harvey, #100-A
Oklahoma City, OK 73102
15-0336-DIS/DRB(mt)
(Cond. Adm. Ord. ~4-09-15)
Amended

2. Article Number (Transfer from service label) 7014 2870 0000 5492 9811

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *M. Huddis*
 B. Received by (Printed Name) *Monica Grimes*
 C. Date of Delivery *4/10/15*

D. Is delivery address different from item 1? Yes No
YES, enter delivery address below:
OKLAHOMA INSURANCE DEPARTMENT
APR 14 2015

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt