

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

JUL 28 2015

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.	)	
DOAK, Insurance Commissioner,	)	
	)	
Petitioner,	)	
vs.	)	CASE NO. 15-0721-DIS
ROBERTA ANN DAMPF AGUILAR, a	)	
professional bail bondsman licensed in the State	)	
of Oklahoma,	)	
	)	
Respondent.	)	
	)	

**CONDITIONAL ADMINISTRATIVE ORDER  
AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Respondent Roberta Ann Dampf Aguilar (“Aguilar”) is a licensed professional bail bondsman in the State of Oklahoma holding license number 199461.

**FINDINGS OF FACT**

1. On or about February 23, 2015, an appearance bond was executed as follows:

Defendant:	Giavonnie Owens
Case Number(s):	CM-2009-6041
City/County:	Tulsa County Court Clerk
Insurer:	Roberta Aguilar
Bondsman:	Roberta Aguilar
Bond Amount(s):	\$500

2. On March 2, 2015, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on March 9, 2015. 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. Return of certified mail delivered to Aguilar on March 13, 2015, no delivery date.

4. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, June 9, 2015.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, June 10, 2015.

6. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

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 bond was not 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.

3. Pursuant to 59 O.S. § 1332(D)(4)(b), when a professional bondsman fails to properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “withdraw the face amount of the forfeiture from the deposit.

### **ORDER**

**IT IS THEREFORE ORDERED** that Roberta Aguilar is **FINED** Five Hundred Dollars (\$500.00). The fine is to be paid immediately. If the fine is not paid within thirty (30) days of receipt of this Order, Respondent’s license will be suspended and will remain suspended until the fine is paid.

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Tulsa County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. If the forfeiture is not paid within thirty (30) days from receipt of this Order, the State is ordered to withdraw the face amount of the bond, Five Hundred and No/100 Dollars (\$500.00), from Respondent’s certificate of deposit and forward to the Tulsa County District Court for payment of the bond forfeiture in case number CM-2009-6041, State v. Giavonnie Owens.

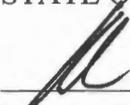
Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Matt McKinnon, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent’s 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 31<sup>st</sup> day following the receipt of the Order, and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 28<sup>th</sup> day of July, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Matt McKinnon  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 28<sup>th</sup> day of July, 2015, to:

Roberta Aguilar  
121 N. Denver Ave.  
Tulsa, Oklahoma 74103-1819

Certified Mail No.  
7015 0640 0004 4933 8095



\_\_\_\_\_

Matt McKinnon

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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**OFFICIAL USE**

7015 0640 0004 4933 8095

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Po	\$
Sent To	
Street a	
City, St.	

Roberta Aguilar  
 121 N. Denver Ave.  
 Tulsa, OK 74103-1819  
**sms/15-0721-DIS/Cond Ord**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See reverse for instructions



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"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>[Signature]</i></p> <p>C. Date of Delivery  <i>7/30/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p>Roberta Aguilar                  121 N. Denver Ave.                  Tulsa, OK 74103-1819  <b>sms/15-0721-DIS/Cond Ord</b></p> <p>9590 9403 0272 5155 1302 22</p>	<p>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT  <b>AUG 04 2015</b></p> <p>Legal Division</p>														
<p>2. Article Number (Transfer from service label)                  7015 0640 0004 4933 8095</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"/> Mail Restricted Delivery</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 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"/> Mail Restricted Delivery	
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PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt														