

GOVERNOR  
MARY FALLIN

INSURANCE COMMISSIONER  
JOHN DOAK



INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

**For Insurance Department Use Only**

Complaint # \_\_\_\_\_

BBI # \_\_\_\_\_ Claims Analyst \_\_\_\_\_

Date: \_\_\_\_\_

To: **Bail Bond Complaint**  
John Doak, Commissioner  
Oklahoma Insurance Department  
5 Corporate Plaza  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112

From:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Person filing complaint is the Defendant \_\_\_\_\_, Co-signer \_\_\_\_\_, Other (explain) \_\_\_\_\_

Full Name of Bail Bondsman about which you are requesting assistance:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COMPLAINT

Please give as much detailed information as possible. Include copies of receipts, bail agreements, contracts, promissory notes, or any other documents you may have signed in connection with the bail bond transaction.

Defendant's Name \_\_\_\_\_ Defendant's date of birth \_\_\_\_\_

Date of Bond \_\_\_\_\_ Case Number \_\_\_\_\_ County or Municipality \_\_\_\_\_

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