



OFFICE OF
INSURANCE COMMISSIONER

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HEARINGS UNIT
Fax: (360) 664-2782

Hearings Unit, DIC
Patricia D. Peterson
Chief Hearing Officer

Patricia D. Petersen
Chief Hearing Officer
(360) 725-7105

Nicole Kelly
Paralegal
(360) 725-7002
nicolek@oic.wa.gov

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of:)	No. 10-0238
)	
NICOLE JANE AYERS)	NOTICE OF HEARING
)	
Licensee.)	

TO: Nicole Jane Ayers
2118 NE 90th Avenue
Vancouver, WA 98664

COPY TO: Mike Kreidler, Insurance Commissioner
Michael G. Watson, Chief Deputy Insurance Commissioner
Carol Sureau, Esq. Deputy Commissioner, Legal Affairs Division
Andrea L. Philhower, Esq., Staff Attorney, Legal Affairs Division
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

On December 28, 2010, the Insurance Commissioner ("OIC") received a letter from Nicole Jane Ayers, in the matter of Nicole Jane Ayers ("Licensee"), which letter shall be considered a Demand for Hearing. The purpose of said Demand for Hearing is to contest the OIC's Order Revoking License, No. 10-0238, dated December 14, 2010 ("Order").

The OIC's position is that the Licensee failed to provide a legible fingerprint card for the purpose of a background check, in violation of RCW 48.17.090. The Licensee asserts that she



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sent her fingerprint card timely, and she was advised that it had arrived timely, but the OIC deemed it late due to processing time about which she was not properly informed..

In response to the Licensee's Demand for Hearing, on January 19, 2011, the undersigned held a first prehearing teleconference in this matter. Ms. Ayers appeared pro se. The OIC appeared pro se, by and through Andrea L. Philhower, Esq., Staff Attorney in his Legal Affairs Division.

During said prehearing conference, the undersigned reviewed procedure to be expected before, during and after the hearing and addressed all questions and concerns of the parties. By agreement of the parties, a hearing was scheduled to **commence at 2:00 p.m. on Monday, February 7, 2011.**

Further, the parties were informed that if they had any future questions or concerns, or requests for additional prehearing conferences, they should contact Nicole Kelly, Paralegal to the undersigned, who can be reached by telephone at (360) 725-7002, e-mail at nicolek@oic.wa.gov, or at the above address.

The hearing will be held under the authority of Title 48 RCW and specifically RCW 48.04, Title 34 RCW and regulations applicable thereto. Pursuant thereto, the Commissioner has delegated to the undersigned the authority to conduct all activities preliminary to the hearing, the hearing and all activities following the hearing, and to determine and enter the final decision in this matter. Pursuant to Title 34 RCW, the undersigned shall handle these activities and make the final decision herein without input or communication with the Commissioner or any member of his staff or others who have knowledge of the facts herein. Ms. Ayers will appear pro se, unless she wishes to be represented by an attorney. Ms. Ayer's address is 2118 NE 90th Avenue, Vancouver, Washington 98664 and her telephone number is (360) 931-6125. The Commissioner will appear pro se, by and through Andrea L. Philhower, Esq., Staff Attorney. Ms. Philhower's address is Office of the Insurance Commissioner, Legal Affairs Division, P.O. Box 40255, Olympia, WA 98504-0255, and her telephone number is (360) 725-7063.

As required by RCW 34.05.434(2)(I), you are advised that a party who fails to attend or participate in the hearing or other stage of the adjudicative proceeding may be held in default in accordance with ch. 34.05 RCW.

Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English-speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by ch. 2.42 RCW. A Request for Interpreter form is attached to this Notice, with instructions thereon.

This Notice is provided pursuant to RCW 48.04.010 and RCW 34.05.434.

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Based upon the above activity,

IT IS HEREBY ORDERED that the adjudicative proceeding in this matter shall commence on **Monday, February 7, 2011, at 2:00 p.m.**, Pacific Standard Time, and continue on subsequent days thereafter until terminated, in the Office of the Insurance Commissioner, 5000 Capitol Boulevard, Tumwater, Washington 98501.

ENTERED AT TUMWATER, WASHINGTON, this 27th day of January, 2011, pursuant to RCW 48.04, Title 34 RCW and applicable regulations.



PATRICIA D. PETERSEN
Chief Hearing Officer
Presiding Officer

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington that on the date listed below, I mailed or caused delivery through normal office mailing custom, a true copy of this document to the following people at their addresses listed above: Nicole Jane Ayers, Mike Kreidler, Michael G. Watson, Carol Sureau, Esq., Andrea L. Philhower, Esq. and John F. Hamje.

DATED this 27th day of January, 2011.


NICOLE KELLY



OFFICE OF
INSURANCE COMMISSIONER

HEARINGS UNIT
Fax: (360) 664-2782

Patricia D. Petersen
Chief Hearing Officer
(360) 725-7105

Nicole Kelly
Paralegal
(360) 725-7002
nicolek@oic.wa.gov

To request an interpreter, complete and mail this form to:

Chief Hearing Officer
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. _____, before the Insurance Commissioner. I NEED AN INTERPRETER and request that one be furnished.

Please check the statements that apply to you:

I am a non-English-speaking person. I cannot readily speak or understand the English language. My primary language is _____ (insert your primary language). I need an interpreter who can translate to and from the primary language and English.

I am unable to readily understand or communicate the spoken English language because:

- I am deaf.
- I have an impairment of hearing.
- I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the Commissioner or Presiding Officer in arranging for a suitable interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____ Signed: _____

Please print or type your name: _____

Address: _____

Telephone: _____

