



THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE GOVERNOR
GOVERNMENT HOUSE
Charlotte Amalie, V.I. 00802
340-774-0001

March 20, 2023

VIA HAND-DELIVERY

Honorable Novelte E. Francis, Jr.
Senate President
Thirty-Fifth Legislature of the Virgin Islands
Capitol Building
St. Thomas, Virgin Islands 00802

**Re: Nomination of Ariel M. Smith, Esq. – Virgin Islands Attorney General of the
Department of Justice**

Dear Senate President Francis:

In accordance with the provisions of Title 3, Chapter 8, Section 112 of the Virgin Islands Code, I hereby nominate Ariel M. Smith, Esq. as the Attorney General of the Virgin Islands Department of Justice.

Accordingly, it is my pleasure to ask the advice and consent of the Thirty-Fifth Legislature of the Virgin Islands on the nomination of Atty. Smith. A copy of Atty. Smith's resume is enclosed for your review. I respectfully urge the Legislature to take timely action to advance this nomination to prevent any delays in the official functions of the Department.

Your prompt and favorable confirmation will enhance the Department of Justice's ability to meet its demanding operations and the continued work to serve the people of the United States Virgin Islands.

Sincerely,

A handwritten signature in blue ink, appearing to read "Albert Bryan, Jr.", written over a horizontal line.

Albert Bryan, Jr.
Governor

Enclosure

Cc: Senator Diane T. Capehart
Chair, Committee on Rules and Judiciary

Nominee Questionnaire

Follow the instructions fully or we cannot process your form. Be sure to sign and date the certification statement and authorization release form on page(s) 12 and 14. If you have any questions, please call the office of Legal Counsel at (340) 774-0001.

NOMINEE'S FULL NAME: Ariel Marie Smith

SECTION I: BIOGRAPHICAL DATA

1. LAST NAME:	FIRST NAME:	MIDDLE NAME:	Jr, Sr, II, etc.		
Smith	Ariel	Marie			
2. Date of Birth: [REDACTED]					
3. Place of Birth: St. Thomas, Virgin Islands					
4. Social Security Number: [REDACTED]					
5. Other Names Used: Ariel M. Smith Francois					
6. Sex (Mark one box) Female <input checked="" type="checkbox"/> Male <input type="checkbox"/>					
7. Citizenship: A. Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input checked="" type="checkbox"/>	I am a U.S. citizen or national by birth in the U.S. territory/possession. <i>(Answer items b and d)</i>	B. Your Mother's Maiden Name		
	<input type="checkbox"/>	I am a U.S. Citizen, but I was NOT born in the U.S. <i>(Answer items b, c and d)</i>	King		
	<input type="checkbox"/>	I am not a U.S. citizen. <i>(Answer items b and e)</i>			
C. UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.					
Naturalization certificate (Where were you naturalized?)					
Court	City	State	Certification Number Month/Day/Year Issued		
Citizenship Certificate (Where was the certificate issued?)					
City		State	Certification Number Month/Day/Year Issued		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give and explanation if needed		Month/Day/Year	Explanation		
U.S. Passport					
This may be either a current or previous U.S. Passport		Passport Number	Month/Day/Year Issued		
		[REDACTED]	June 14, 2022		
D. DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right			Country		
			Tortola		
E. ALIEN					
Place You Entered the United States	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship
			Month Day Year		

Last Four (4) Digits of SSN #: [REDACTED]

NOMINEE'S FULL NAME: Ariel Marie Smith

8. WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible for example; do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person, who knew you at the that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year #1 Jan 1996	Month/Year To Present	Street Address [REDACTED]	Apt. #	City (Country) St. Thomas	State VI	Zip Code 00801
Name of Person Who Knows You Roosevelt Davis		Street Address Estate Wintberg	Apt. #	City (Country) St. Thomas	State VI	Zip Code 00801
Month/Year #2	Month/Year To Present	Street Address	Apt. #	City (Country)	State	Zip Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	Zip Code
Month/Year #3	Month/Year To Present	Street Address	Apt. #	City (Country)	State	Zip Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	Zip Code
Month/Year #4	Month/Year To Present	Street Address	Apt. #	City (Country)	State	Zip Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	Zip Code
Month/Year #5	Month/Year To Present	Street Address	Apt. #	City (Country)	State	Zip Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	Zip Code

Last Four (4) Digits of SSN # [REDACTED]

NOMINEE'S FULL NAME: Ariel Marie Smith

ARE YOU SEEKING REAPPOINTMENT? **IF YES MAY SKIP QUESTIONS 9 THROUGH 12**

9. EDUCATION

List all the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back five years.** List all College or University degrees and the dates they were received. If all your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

Month/Year #1 Sep 91	Month/ Year To May 93	Name of School Rutgers Newark School of Law	Degree/Diploma Other Juris Doctorate	Month/Year Awarded May 1993
Street and City (Country) of School 123 Washington Street Newark			State New Jersey	Zip Code 07102
Month/Year #2 Sep 82	Month/ Year To May 1986	Name of School Rutgers College, Rutgers Uni	Degree/Diploma Other Bachelors in Arts, Political Sc	Month/Year Awarded May 1986
Street and City (Country) of School 57 US Highway 1, New Brunswick			State New Jersey	Zip Code 08901
Month/Year #3 Sept 78	Month/ Year To May 1982	Name of School Charlotte Amalie High	Degree/Diploma Other High School Diploma	Month/Year Awarded May 1982
Street and City (Country) of School St. Thomas,			State Virgin Islands	Zip Code 00802
Month/Year #4	Month/ Year To	Name of School	Degree/Diploma Other	Month/Year Awarded
Street and City (Country) of School			State	Zip Code

10. CHARACTER REFERENCES:

Please list three (3) people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last five years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name	Home/Work Address	Contact Tel. No.	Number of Years Known
#1 Clive Rivers	8000 Nisky Shopping Center	340-626-7831	40 plus
#2 Judy Gomez	sparksstthomas@gmail.com	340-998-5911	15 plus
#3 Jessica Gallivan	Virgin Islands Superior Court	340-344-2672	25 plus

Last Four (4) Digits of SSN #


Ariel Marie Smith

NOMINEE'S FULL NAME: _____

11. EMPLOYMENT RECORD:

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time, part-time work, military service, temporary military duty locations over 90 days, self employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Month/Year #1 11/11	Month/Year To Present	Employer Verification Name/Military Duty Location Virgin Islands Department of Justice	Your Position Title/Military Rank Chief, Civil Division		
Employer's/Verifiers Street Address 34-38 Kronprindsens Gade		City (Country) St. Thomas	State VI	Zip Code 00802	Tel. No. (340)774-5666
Street Address of Job Location (if different)					
Supervisor's Name & Street Address (if different) Acting AG Carol Thomas Jacobs		St. Thomas	VI	00802	(340)774-5666
Month/Year #2 10/06	Month/Year To 11/11	Employer Verification Name/Military Duty Location Territorial Public Defender	Your Position Title/Military Rank Assist Territorial Public Defender		
Employer's/Verifiers Street Address 3730 Altona Suite 200		City (Country) St. Thomas	State VI	Zip Code 00802	Tel. No. 340) 774-8181
Street Address of Job Location (if different)					
Supervisor's Name & Street Address (if different) TPD Samuel T. Joseph		St. Thomas	VI	00802	(340) 774-8181
Month/Year #3 11/95	Month/Year To 10/2006	Employer Verification Name/Military Duty Location Smock Law Offices	Your Position Title/Military Rank Associate Attorney		
Employer's/Verifiers Street Address 11A Norre Gade		City (Country) St. Thomas	State VI	Zip Code 00802	Tel. No. (340) 774-5737
Street Address of Job Location (if different)		St. Thomas	VI		
Supervisor's Name & Street Address (if different) Henry C. Smock, Esquire		St. Thomas	VI	00802	(340) 774-5737

Last Four (4) Digits of SSN #  _

NOMINEE'S FULL NAME: Ariel Marie Smith

12. GOVERNMENT (& MILITARY) EXPERIENCE:

- A. List all federal, state, territorial or local government service, giving dates and type of service such as employee, boards, commissions, executive, legislative or judicial branches, consultant, voluntary service, part-time or honorary. (*Attach additional sheet(s), if necessary; reference this section & question number*).
- B. List and attach a copy of all service contracts you have held independently or been a party to with the Government of the Virgins Islands.

A. Territorial Public Defender, Assistant Public Defender 11/2006-11/2011
Virgin Islands Department of Justice, Assistant Attorney General 11/2011 to present

B. None

14. BUSINESS AND FINANCIAL INTEREST:

List all businesses (for profit or non profit), real estate and trusts in which you have at least a 10% interest or control of assets or serve as an officer or member of a board with voting rights. (*Attach additional sheet(s), if necessary; reference this section & question number*).

APS & Associates, LLC - Family Owned Real Estate Development Company
PES, Inc. - Family Owned Real Estate Development Company

Last Four (4) Digits of SSN 

NOMINEE'S FULL NAME: Ariel Marie Smith

15. QUALIFICATIONS:

What in your opinion qualifies you to serve the People of the Virgin Islands in the position, which the Governor has nominated you? *(Attach additional sheet(s), if necessary; reference this section & question number).*

I am native-born Virgin Islander who has practiced law in the Virgin Islands for almost thirty (30) years. For the last sixteen (16) years, I have had the privilege of working for both the Office of the Territorial Public Defender and the Virgin Islands Department of Justice. I have taught Street Law classes at Charlotte Amalie High School and served as a Moot Court coach for high school students. Besides community service with my sorority, I was an active participant of a citizen group, Because We Care, which served food to the homeless on St. Thomas. I care.

SECTION II: HONORS, MEMBERSHIPS & ACCOMPLISHMENTS

1. MEMBERSHIPS:

List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Virgin Islands Bar Association
District Court of the Virgin Islands
Third Circuit Court of Appeals
Delta Sigma Theta Sorority, Incorporated
Windies Investment Group

2. BOARDS, COMMISSIONS, TRUST, ETC.:

List all government or private sector boards, trusts or fiduciary responsible positions on which you have served or are now serving. *(Attach additional sheet(s), if necessary; reference this section & question number).*

3. HONORS & AWARDS:

List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Last Four (4) Digits of SSN #: [REDACTED]

NOMINEE'S FULL NAME: Ariel Marie Smith

4. PUBLISHED WRITINGS:

List all published books, articles, and published decisions in the last 5 years. Please attach record of appellate review statistics on cases reviewed and overturned or upheld.

(Attach additional sheet(s), if necessary; reference this section & question number).

SECTION III: CHARACTER

1. Have you ever been the subject of a grand jury, police, Department of Justice or any legally constituted government authority's investigation anywhere or at any time?

Yes No

If your answer is yes, please explain with details including date and location. *(Attach additional sheet(s), if necessary; reference this section & question number).*

2. Have you ever been arrested in any geographical location for any offense.

Yes No

If yes, please explain with details including offense, date of location and disposition. *(Attach additional sheet(s), if necessary; reference this section & question number).*

3. Have you ever been convicted of a felony or misdemeanor?

Yes No

If yes, please explain with details including offense, date, location and current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Last Four (4) Digits of SSN # [REDACTED]

NOMINEE'S FULL NAME: Ariel Marie Smith

4. Have you ever been found guilty of any traffic violation in any geographical location?

Yes No

If yes, please explain with details including date, location and current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

5. Is there now or has there ever been a judgment entered against you?

Yes No

If yes, please explain with details on date, location and disposition or current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

6. Have you ever been a respondent in any labor dispute or discrimination proceeding?

Yes No

If the answer is yes, please explain with details on date, location and disposition or current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

7. Have you now or have you ever been a member of an organization or an associate of an individual advocating terrorism, overthrow of a government by force or the advocacy or subordination of any ethnic group or individuals?

Yes No

If the answer is yes, please give details of dates, names of organizations, names of individuals and all pertinent circumstances. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Last Four (4) Digits of SSN # [REDACTED]

NOMINEE'S FULL NAME: Ariel Marie Smith

8. Do you know of any individual, organization or group, which can be expected to oppose your nomination?

Yes No

If the answer is yes, please list the individuals, organizations or groups by name and give details of your belief for their opposition. (*Attach additional sheet(s), if necessary; reference this section & question number*).

9. Do you, or have you in the last five (5) years used any illegal drugs?

Yes No

Please list the type of drug used and circumstances surrounding its use? (*Attach additional sheet(s), if necessary; reference this section & question number*).

10. Do you have any outstanding and delinquent monetary obligations to the Government of the Virgin Islands or any other public or private entity, including but not limited to, personal income taxes, business taxes, real property taxes (commercial or residential), business license renewals, trade name renewals, annual reporting fees, professional organization dues, child support, judgments, debts?

Government of the Virgin Islands, includes but is not limited to the following departments, agencies and instrumentalities: The Bureau of Internal Revenue, Tax Assessor, Department of Justice - Division of Paternity and Child Support, Board of Education, Economic Development Authority, U.S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, The Water and Power Authority, The Waste Management Authority, Department of Health, and Department of Human Services.

Yes No

If the answer is yes, please attach a detailed explanation of what outstanding and delinquent monetary obligations are owed, the reason for the delinquency, and the intended plan to bring the matter current.

Last Four (4) Digits of SSN # XXXXXXXXXX

NOMINEE'S FULL NAME: Ariel Marie Smith

11. Have you ever been the subject of a finding of ethics violation or judicial misconduct.
 Yes No If the answer is yes, please attach a detail explanation of ethics violation or judicial misconduct.

SECTION IV: CONFLICT OF INTEREST

1. Please explain your understanding of "Conflict of Interest" as it applies to the position to which you have been nominated to serve the People of the Virgin Islands. ? (Attach additional sheet(s), if necessary; reference this section & question number).

Conflict of Interest arises where one is required to render an opinion or judgment related to any person or entity with whom a prior personal or professional relationship exists and that prior relationship interferes with one's ability to independently evaluate the current situation without bias or favoritism. Conflict of interest also occurs when personal benefit is derived from actions that would be made in that official capacity.

2. Do you own a business or real estate, or are you a partner or shareholder or affiliated in any way to sell or provide goods or services to the Virgin Islands Government?

Yes No

If the answer is yes, please explain and give the name and location of these interest(s) and how you promise to remove yourself from any possible conflict? (Attach additional sheet(s), if necessary; reference this section & question number).

3. Does any close relative or spouse have a business or real estate interest(s) as described in this section question 2?

Yes No

If the answer is yes, please explain how you intend to separate yourself from the two, If placed in the position to make a decision. (Attach additional sheet(s), if necessary; reference this section & question number).

Last Four (4) Digits of SSN #: XXXXXXXXXX

NOMINEE'S FULL NAME: Ariel Marie Smith

SECTION V: JOB PERFORMANCE

1. **In no more than 150 words**, please outline in priority order your three (3) specific short-term and three (3) specific long-term goals and objectives to achieve better performance and improve delivery of justice if confirmed for this position.
(Attach additional sheet(s), if necessary; reference this section & question number).

Short-term goals would be to (1) bring the agency to optimal staffing levels and take actions to support retention of personnel, (2) evaluate the operational structure and adjust, if needed, to obtain maximum productivity and (3) address the immediate issues related to the St. Croix Medical Examiner's Office and morgue.

Long-term goals would be to (1) Stabilize professional, administrative and investigation staff levels (2) permanently resolve outstanding issues related to Medical Examiner's Office in both districts and (3) develop the Toro Building site providing a permanent home for the St. Croix Virgin Islands Department of Justice.

NOMINEE'S FULL NAME: Ariel Marie Smith

5. Is there any additional information that you believe would assist the Governor and the Legislature in processing your nomination expeditiously? (*Attach additional sheet(s), if necessary; reference this section & question number.*)

I am a Native Virgin Islander who cares deeply about the people of the Virgin Islands and I am committed to the wellbeing of my community.

CERTIFICATION


This is to certify and affirm that all the statements contained herein and in any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this 3 day of March 2023 2019.

Ariel Marie Smith

Nominee's Full Name (Print Clearly)


Signature of Nominee

Last Four (4) Digits of SSN # 

NOMINEE'S FULL NAME: Ariel Marie Smith

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

- 1. I Authorize** an investigator, special agent, or other duly accredited representative of the authorized Local/Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publically available electronic information. This information may include but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that, for some sources of information, a separate release will be needed, and I may be contacted for such a release at a later date.
- 2. I Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.
- 3. I Authorize custodians** of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Local/Federal agency authorized above regardless of any previous agreement to the contrary.
- 4. I Understand** that the information released by records custodians and sources of information is for official use by the Legislature of the Virgin Islands (Government) only for the purposes provided in this Application and that it may be disclosed by the Government only as authorized by law.
- 5. I hereby** consent and authorize the release of information on my character, background, ability, financial indebtedness and fitness to serve the residents of the United States Virgin Islands by all government Departments and agencies, especially **the Bureau of Internal Revenue, Tax Assessor, Department of Justice Davison of Paternity and Child Support, Board of Education, Economic Development Authority, U.S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, if applicable**, employers, schools, all law enforcement agencies, and all other individuals and organizations which may be deemed necessary, to authorized Committee on Rules and Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.

Photocopies of this authorization with my signature are valid. This authorization is valid for two years from the date signed.

Last Four (4) Digits of SSN #: 5325

NOMINEE'S FULL NAME: Ariel Marie Smith

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

6. CERTIFICATION:

This document is to certify and affirm that all the statements contained herein and any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this 3 day of March 2023, 2019.

Ariel Marie Smith

Nominee's Name (Print Clearly)

Ariel Marie Smith
Signature of Nominee

Sworn and Subscribed before me this 3 day of March 2023, 2019.

Dawn J Petersen
Notary Public

[seal]

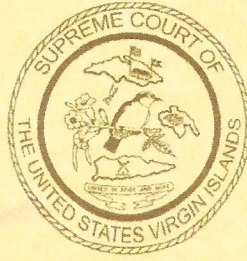
My commission expires: June 24, 2025

Dawn J Petersen
Notary Public
St. Thomas/St. John, USVI District
NP-480-21
Commission Expires: June 24, 2025



Last Four (4) Digits of SSN #: 5325

Supreme Court of the Virgin Islands



Certificate of Good Standing

I, **VERONICA J. HANDY, ESQUIRE**, Clerk of the Supreme Court of the United States Virgin Islands, do hereby certify that:

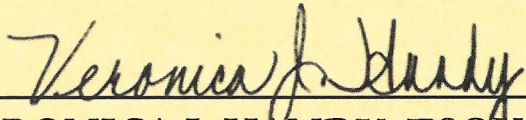
ARIEL M. SMITH, (VIBA NO. 532)

was duly admitted and qualified as an Attorney and Counselor-At-Law in the United States Virgin Islands on **November 2, 1994** and as such, has been admitted to practice before the Supreme Court and all other courts of this Territory according to its laws, rules and customs.

I further certify that as of this date, the above-named is an Attorney at Law in *Good Standing*. For the purposes of this Certificate, a member is in "good standing" if he or she is not presently suspended or disbarred for any reason and is current with his or her annual registration and licensing obligations under Rule 203(e).¹

Please note that records of professional discipline, if any, are not covered by this certification.

In testimony whereof, I have hereunto subscribed my name and affixed the Seal of said Court this **1st day of March, 2023**.



VERONICA J. HANDY, ESQUIRE
Clerk of the Supreme Court
of the Virgin Islands

¹ This certification expires forty-five days from this date, unless sooner revoked or rendered invalid by operation of rule or law.

ARIEL M. SMITH

██████████ Virgin Islands 00801
(340) 998-2465

Email: kvemom@yahoo.com or evkmom@gmail.com

EDUCATION

Juris Doctorate, Rutgers University School of Law
Newark, New Jersey, May 1993

Bachelor of Arts, Rutgers College, Rutgers University
New Brunswick, New Jersey May 1986

ADMISSIONS

1994 * Superior Court of the Virgin Islands

1994 * District Court of the Virgin Islands

1994 * Third Circuit Court of Appeals

JUDICIAL CLERKSHIP

Superior Court of the Virgin Islands, formerly
Territorial Court of the Virgin Islands, Division of St.
Thomas and St. John October 1993 – September 1995

LEGAL EXPERIENCE

September 2016 to present

Chief - Civil Division, Virgin Islands Department of Justice

Supervise a staff of five Assistant Attorney Generals and two support staff in the St. Thomas and St. Croix District; prepare monthly reports to the Attorney General and Deputy General and periodic reports to the Department of Finance as to litigation exposure of pending cases, and continue to manage a separate case load of over forty (40) matters involving executive branch and instrumentalities of the Government of the Virgin Islands.

December 2011 – August 2016

Assistant Attorney General, Virgin Islands Department of Justice, Civil Division

Draft and file complaints, answers, and prepare and present dispositive and non-dispositive motions, participate in mediation conferences, and represent the Government of the Virgin Islands before the District Court of the Virgin Islands and the Superior Court of the Virgin Islands.

November 2006 to November 2011

Assistant Territorial Public Defender, Office of the Territorial Public Defender, St. Thomas, Virgin Islands

Criminal defense of misdemeanor and major felony offenses, including domestic violence and white collar matters, including conducting more than twenty (20) jury trials.

October 1995 to October 2006

Associate, Smock & Moorehead, (now "Law Offices of Henry C. Smock") St. Thomas, Virgin Islands

General Civil Litigation with emphasis on insurance defense, bankruptcy, probate, family, labor, real estate, and commercial transactions.

Extensive motion practice, including drafting and answering complaints, as well as dispositive and non-dispositive motions, Research, drafted and argued appellant and appellee briefs before the Appellate Division and Third Circuit Court of Appeals. Wrote in-depth client which included review of voluminous medical records.

**OTHER
EXPERIENCE**

September 1987 – August 1993

Paralegal, PaineWebber Incorporated, Legal Department
Weehawken, New Jersey

REFERENCES

Judge Verne A. Hodge
(340) 774-1739

Henry C. Smock, Esquire
(340) 777-5737

Clive C. Rivers, Esquire
(340) 776-4666

Judy M. Gomez, Esquire
(340) 998-5911