



Office of the Governor
United States Virgin Islands

QUESTIONNAIRE FOR GOVERNOR'S NOMINEE FOR DEPARTMENTS, AGENCIES, BOARDS & COMMISSIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS QUESTIONNAIRE.

- 1) **ALL** questions must be fully and correctly answered and returned to the Office of Legal Counsel **within seven (7) business days of your receipt of the Questionnaire.**
- 2) Do not submit a resume instead of this Questionnaire.
- 3) If more than the allotted space on this form is required for a complete and full answer, please attach as many additional 8½ x 11 sheets as may be needed. At the top of each additional sheet put your name, "Office of the Governor, Office of Legal Counsel", and then reference the question number before each answer.
- 4) **The Questionnaire is in PDF Format. Please complete all responses clearly in black font color. Responses are NOT to be handwritten.**
- 5) Please do not hesitate to call the Office of Legal Counsel at Government House at (340) 774-0001 if you have any questions concerning this Questionnaire.

SECTION I: BIOGRAPHICAL DATA

NOMINEE'S NAME: Julian Penn

1. NAME: (Last)	(First)	(Middle)	(Other)	
Penn	Julian	McChensely		
2. SOCIAL SECURITY: XXX-XX-██████				
3. ADDRESS:				
Mailing: P.o. Box 7206 St. Thomas USVI 00801				
Residential: ██████████ St. Thomas USVI 00802				
Business: Julian Penn P.o. Box 7206 St. Thomas USVI 00801				
E-Mail : Chestpen1@gmail.com				
Phone Number(s) – _____ (Cell_ ██████████ (Home)				
4. Length of Residence in the Virgin Islands: Over 60 Years				
5. Date of Birth: 0 ██████████				
6. Place of Birth: Road Town Tortola BVI				
7. Marital Status: <input checked="" type="checkbox"/> <u>Married</u> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				
8. Full Name of Spouse: Ellerines Turnbull Penn				
Mailing & Residential Address: Same as above				
Business, Name & Address:				
Julian Penn P.O. Box 7206 ST. Thomas USVI 00801				
9. EDUCATION				
Institution	Dates Attended	Degree Received	Date Received	Certifications
John Jay College of Criminal Justice, NY	1902	Master of arts	1981	DIP
John Jay College of Criminal Justice, NY	1906	Bachelor	1977	DIP

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10. EMPLOYMENT RECORD: Please list, in chronological order, your complete employment record for the past ten (10) years, beginning with the present or most recent position. [Attach additional sheet(s), if necessary, and reference this question number]

Employer	Dates of Employment	Position	Address/Phone #	Supervisor
Department of Health Division of Mental Health Alcohol Substances Abuse Service ST. Thomas USVI	5/1985 to 6/2009	Unit leader	Barbel Plaza South St. Thomas USVI 00802 /340- 774-7700 X2619	Ray Fonseca
States of NY Kingsborough Psychiatric Center	3/1980 to 12/1984	Mental Health Therapist	681) Clarkson Ave Brooklyn NY	

NOMINEE'S NAME: Julian Penn

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11. GOVERNMENT EXPERIENCE:

A. List all federal, state, territorial or local government services, 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, and reference this 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 Virgin Islands.

Member of one of the Governor's Committee (during Governor Turnbull's Administration
Member of the Democratic Executive Committee (1986)
Voice Chairman of the Board with Work Able a nonprofit Corporation
Member VI Taxi Association and
Chairman of Disciplinary Committee (2YR) VI Taxi association

12. BUSINESSES AND FINANCIAL INTEREST: List all businesses (for profit or not for 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, and reference this question number]

Self employed Taxi Driver and current member of VI Taxi Association

13. QUALIFICATIONS: What in your opinion qualifies you to serve the People of the Virgin Islands in the position which the Governor has nominated you?

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I have served in my profession of Mental Health for several years and enjoy serving the people of the VI. I have also enjoyed Taxi Driving in the territory for several years as well. I feel that I can be
an asset to this board and serves in whatever capacity needed. I will be happy to use my life skills, experience and knowledge acquired here in our community

SECTION II: HONORS AND ACCOMPLISHMENTS

14. MEMBERSHIPS: List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations.

US Army 04/1967 to 04/1969

15. BOARDS, COMMISSIONS, TRUSTS, ETC.: List all government or private sector boards, trusts, or fiduciary responsible positions on which you have served or are now serving.

See question 11 (B)

16. HONORS AND AWARDS: List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement.

Honorary discharge from the US ARMY
Purple Heart

NOMINEE'S NAME: Julian Penn

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17. PUBLISHED WRITINGS: List all titles, publishers and dates of books, articles, reports, or other published materials you have written.

Master Degree Thesis on "Ransome Kidnaping"

SECTION III: CHARACTER

18. Have you ever been the subject of a grand jury, police, and department of justice or any legally constituted government authority, investigation anywhere or at any time?
___ YES, **X** NO

If your answer is yes, please explained with details including date and location. [Attach additional sheet(s), if necessary, and reference this question number]

N/A

19. Have you ever been arrested in any geographical location for any offense, including traffic violations? ___ YES, **X** NO

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

N/A

NOMINEE'S NAME: Julian Penn

20. Have you ever been convicted of a felony or a misdemeanor? YES NO
If yes, please explain with details including offense, date, location, and current status. [Attach additional sheet(s), if necessary, and reference this question number]

N/A

21. Is there now or has there ever been a judgment entered against you? 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, and reference this question number]

N/A

22. 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, and reference this question number]

N/A

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- 23.** Have you ever been named as a party in any hearing, administrative, civil, and criminal, including Equal Employment Opportunity or sexual harassment? ___YES **X** NO

If yes, please explain in detail, giving date, venue, agency, and the names of the other parties and the disposition. [Attach additional sheet(s), if necessary, and reference this question number]

N/A

- 24.** 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 **X** 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, and reference this question number]

N/A

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25. 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 listing the individuals, organizations or groups by name and give the details of your belief for their opposition. [Attach additional sheet(s), if necessary, and reference this question number]

N/A

26. 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, debt 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, Department of Human Services

YES NO

If the answer is yes, please attaching 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.

SECTION IV: CONFLICT OF INTEREST

27. 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.

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A situation in which a person is in a position to get personal benefit from actions or decision made in their official capacity

28. 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, and reference this question number]

N/A

29. Does any close relative or spouse have a business or real estate interest(s) as described in question 25? YES NO

If the answer is yes, please explain and give the name and location of these interest(s) and how you propose to remove yourself from any possible conflict. (Attach additional sheet(s), if necessary.)

N/A

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SECTION V: JOB PERFORMANCE

30. In no more than 150 words, please outline in priority order your four (4) specific short-term and four (4) specific long-term goals and objectives you would employ to achieve the entity's purpose and improve its service delivery system if your nomination is confirmed for this position.

Specific short-term and long-term goals and objectives I would like to employ to achieve the entity's purpose and improve its service delivery system; If I am nominated for this position are:
Short-term goal#1
To correct the non-cruise ship day policy /rule as it relates to taxi stands and designated pick up /drop off area Taxi Stand and designated areas
Objective: Taxi driver will be able to provide excellent and safe customer service to guest and locals with designated pick up/drop off area Taxi stand reclaimed areas.
Shot-term goal#2 Having a skilled customer service person to handle complaints for our guest, and locals Objective: having a skilled customer service person this would bring about satisfied visitors, happy locals and Taxi Drivers that are please to have complains handled professionally and quickly.

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Long-term goal #1: To avoid heated exchanges in Taxi vehicle and uncomfortable situations

Objective: To enforce mandatory customer service/hospitality training (maybe on a college levels) every other year or two would help to alleviate this type of issues.

Long-term goal# 2 To address heavy traffic in the Vinders Plaza Shopping area

Objective: Having other motorist to avoid this area during early rush hour, there by freeing up traffic and providing a safe and comfortable shopping experience for our guest and locals pedestrians.

Long-term goal# 3 To address traffic at the end of Garden Street intersecting to Main Street

Objective: To find better traffic solutions in this area the buy alleviating near miss incident or fatality.

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31. Is there any additional information that you believe would assist the Committee on Rules and the Judiciary in processing your nomination expeditiously?

No

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 27 day of September 2023.

Julian Penn



Nominee's Name [Print Clearly]

Signature of Nominee

Sworn and subscribed before me this 27

day of September
, 2023


Notary Public of the U.S. Virgin Islands

My commission expires: 3/18/27

[seal]
NOTARY PUBLIC
LaVerne Slack
Commission Exp. March 18, 2027
Notary Public NP 596-23
St. Thomas/St. John District



NOMINEE'S NAME: Julian Penn

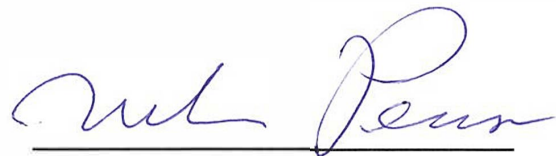
SIGNATURE, CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Please read the following very carefully before you sign this document.

1. I understand that the information given in this Questionnaire will be investigated under all applicable laws.
2. I understand that any false statement on any part of this Questionnaire can be grounds for rejecting the confirmation of my nomination.
3. 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 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, 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 the Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.
4. **CERTIFICATION:**
This is to certify and affirm that all the statements contained herein and in any supporting document 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 27 day of Sept 2023

Julian Penn



Nominee's Name [Print Clearly]

Signature of Nominee

Sworn and subscribed before me this 27 day of Sept,
2023



NOMINEE'S NAME: Julian Penn

Notary Public of the U.S. Virgin Islands

[seal]

My commission expires: _____

3/18/27



NOTARY PUBLIC
LaVerne Slack
Commission Exp. March 18, 2027
Notary Public NP 596-23
St. Thomas/St. John District