

Peer Review Committee Expression of Interest

I am interested in consideration for appointment to the Peer Review Committee of the Attorney Grievance Commission of Maryland for a two (2) year term and that I meet the requirements set forth below.

I also understand that Panel Meetings are to be held within sixty (60) days of a Panel assignment. Furthermore, I understand that Panel recommendations must be made within ninety (90) days of the appointment of the Panel.

□ Lawyer member	□ Non-Lawyer member				
Printed Name	Date				
Signature					

Lawyer Member Requirements:

- 1. Must be admitted by the Court of Appeals to practice law in Maryland;
- 2. Must have actively and lawfully engaged in the practice of law in Maryland for at least five (5) years;
- 3. Must not be a judge of a court of record;
- 4. Must not be the subject of a pending statement of charges or a petition for disciplinary or remedial action; and
- 5. Must not have ever been disbarred or suspended by the Court of Appeals or by a disciplinary body or court of the United States or any other state.

Non-Lawyer Member Requirements

- 1. Must not have been convicted of a serious crime and the conviction not reversed or vacated; and
- 2. Must not be a complainant in a pending matter against an attorney under the Rules governing the peer review process.

Submission Instructions

Please return with Confidential Questionnaire form to:

Deborah L. Potter, Esquire

Chair, Peer Review Committee
Attorney Grievance Commission of Maryland
16701 Melford Blvd.
Suite 421
Bowie, MD 20715
dpotter@agcpeerreview.com



Peer Review Committee Confidential Questionnaire (Lawyer)

Contact Info	ormation						_		
Prefix:	□ Mr. □ D	r. 🗆 N	ılırs. □ Ms. □ Prof.	Other:			_		
Name:	(First)		(Middle)		(Last)			(Suffix)	
Title:									
Firm Name:									
Address:									
City, State Zip:									
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How o	ften do you che	ck this ad	dress? □Daily	□ Weekl	ly	☐ Irreg	gularly		
Name of person	n & phone # au	ıthorized	to schedule for you	:	Name				
					Name		Phone N	umber	
Practice Info	ormation								
Firm Name:									
Position:	☐ Sr. Partner	□ P	artner	ciate	□ Sole	Practice			
Practice Size:	□ 2 people	□ 3	-4 people □ 5-9 p	people	□ 10-2	4 people	□ 25+ p	eople	
Percentage of I Nature of Prac			e% Trial	No.	of Year	rs in Pra	ctice:		_
Description		%	Description		%	Desc	ription		%
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☐ Criminal Law ☐ International Law ☐ Defense Civil Trial ☐ Labor Relations		V							
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Peer Review Committee Confidential Questionnaire (Lawyer)

Background Information				
Have you ever been a State's Attorney:	□ Yes □ I	No		
From:	To:			
Have you ever been a U.S. Attorney:	□ Yes □ 1	No		
From:	To:			
Have you ever been in-house counsel for a private	e business:	Yes	□ No	
From:	To:			
Preferences				
Will you accept a panel assignment that may take	e more than two (2) da	ys?	□ Yes	□ No
Will you accept a panel assignment that requires <i>If yes, how far?</i> \square 20 miles		100+ miles	□ Yes	□ No
Professional Interests				
Please check the items that apply in which you have Accounting/Finance Banking Education Government Immigration Legal Non-Profit Public Relations	☐ Construct ☐ Medical/I ☐ Real Esta ☐ Technolo ☐ Telecomr ☐ Consultin	ion Health te gy nunications)	
Voluntary Information Race/Ethnicity: □ White/Caucasian □ Alaskan/Native American	☐ Black/African-Ame ☐ Asian/Pacific Isla		Hispanic/Latin Other:	
Gender: Male	☐ Female			
Birth date:				

Submission Instructions

Please fill out each section completely and return the Confidential Questionnaire and Expression of Interest form to:

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