



APPLICATION FOR THE DISTRICT COURT APPOINTED ATTORNEY PROGRAM

Please type or print legibly.

Name: _____

Address: _____

City, State, Zip: _____

County: _____

Phone: _____ Fax: _____

E-mail: _____

REQUIREMENTS

By signing below, I agree to participate in the District Court Appointed Attorney Program. I hereby certify the following:

- I am licensed to practice law in the State of Maryland, am in good standing and am not subject to any pending disciplinary proceedings.
- I will watch the information videos provided on the District Court website prior to my first appearance for a shift.
- I have read and understand the applicable Maryland Rules on initial appearances.
- I understand that my application for the District Court Appointed Attorney Program does not guarantee that I will be selected to serve as an appointed attorney, and any selection to serve does not guarantee further or continued selection to serve.
- I understand that I will receive \$50.00 per hour when scheduled by District Court personnel for a shift and perform such shift. I understand that I can waive this fee in lieu of pro bono representation.
- I understand that, if scheduled, I must comply with protocols established by local Commissioner's Offices and/or Detention Centers involving accountability, security and processes.
- I hereby agree to forever release and discharge the District Court of Maryland, its judges, commissioners, employees and/or agents, against any and all claims of any nature as the result of participating in or representing indigent defendants as part of the Appointed Attorney Program.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Print/Type Name

Signature

Date

PREFERENCES

I am submitting this application to represent defendants at initial appearances in the following jurisdictions:

- | | | | |
|---|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Carroll | <input type="checkbox"/> Harford | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Cecil | <input type="checkbox"/> Howard | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Charles | <input type="checkbox"/> Kent | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Calvert | <input type="checkbox"/> Frederick | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Garrett | <input type="checkbox"/> Queen Anne's | <input type="checkbox"/> Worcester |

Send completed form to:

Commissioner Headquarters
Attn: Appointed Attorney Program
251 Rowe Boulevard, Suite 341
Annapolis, Maryland 21401
or e-mail to: appointedattorneys@mdcourts.gov or fax to: 410-260-1217