



APPLICATION FOR THE DISTRICT COURT APPOINTED ATTORNEY PROGRAM

Please type or print legibly.

Name: _____

Business/Firm Name (if applicable): _____

Address: _____

City, State, Zip: _____

Phone: _____ (Best contact #, Coordinators will only call one number for scheduling)

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 understand that Maryland Bar status is periodically reviewed and if at any time my status becomes anything other than “active”, I will be ineligible for the Appointed Attorney Program and must reapply when in good standing.
- 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 \$60.00 per hour when scheduled by District Court personnel for a shift and I 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 procedures.
- I understand that if at any time I report a change to my personal information (including name changes) to the Attorney Information System, I must also report those changes to the Appointed Attorney Program coordinators.
- I have read and understand the definitions and protocols regarding in-person and remote representations and shifts and agree to the terms and protocols therein. mdcourts.gov/district/appointedattorneys/protocols
- I understand that, if scheduled, I am subject to be contacted to conduct remote hearings from any jurisdiction, regardless of where assigned.
- I understand that if scheduled for a remote shift, I am still subject to appear in-person at any physical location I select below, if the need arises. (Remote Representation Exception)
- 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.

Under the penalties of perjury, I hereby affirm that the information provided herein is true and correct to the best of my knowledge, information, and belief.

Print/Type Name

Signature

Date

PREFERENCES

(At least one shift and one location must be selected to be considered for scheduling)

I am **available** for scheduling for the following shift(s):

8:00 AM-4:00 PM

“Day Shift”

4:00 PM-12:00 AM (midnight)

“Evening Shift”

12:00 AM (midnight)-8:00 AM

“Midnight Shift”

I am **available** to appear in-person in the following county(ies):

First Choice:

Second Choice:

Third Choice:

(selection required)

Send completed form to:

Commissioner Headquarters
Attn: Appointed Attorney Program
251 Rowe Boulevard, Suite 341
Annapolis, Maryland 21401

E-mail: appointedattorneys@mdcourts.gov
Fax: 410-260-1217