

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 17251 Melford Blvd., #101 Bowie, MD 20715 dpotter@agcpeerreview.com



Peer Review Committee Confidential Questionnaire (Lawyer)

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| Practice Size: 2 people 3-4 people 5-9 people 10-24 people 25+ people Percentage of Practice: % Office % Trial No. of Years in Practice: | County: | | | | | | | | | |
|---|--|-------------------------------------|---------------------|--------------------|-------------|---------|--------|-----------------|-------------|----------|
| (First) (Middle) (Last) (Suffix) Title: | Prefix: | □ Mr. | \Box Dr. \Box M | Irs. 🗆 Ms. 🗆 Pro | f. D Other: | | | _ | | |
| Firm Name: | Name: | (First) | | (Middle) | (L | ast) | | | (Suffix) | |
| Firm Name: | Title: | | | | | | | | | |
| Address: | • | | | | | | | | | |
| City, State Zip: | | | | | | | | | | <u> </u> |
| Phone: | | | | | | | | | | |
| Phone: | | | | | | | | | | |
| Phone: Type: Home Work Fax Mobile Phone: Type: Home Work Fax Mobile Email Address: Type: Personal Work How often do you check this address? Daily Weekly Irregularly Email Address: Type: Personal Work How often do you check this address? Daily Weekly Irregularly Name of person & phone # authorized to schedule for you: | | | | | ⊔Hon | ne 🛛 | Work | ⊔Fax | ⊔Mobile | |
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| How often do you check this address? Daily Weekly Irregularly Name of person & phone # authorized to schedule for you: | How of | ften do you | a check this ad | dress? Daily | □ Weekly | Ľ | | ularly | | |
| Name of person & phone # authorized to schedule for you: Name Phone Number Practice Information Practice Information Firm Name: | Email | Address: | | | | | T | y pe: □P | ersonal 🗆 W | ork |
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| Position: Sr. Partner Partner Associate Sole Practice Practice Size: 2 people 3-4 people 5-9 people 10-24 people 25+ people Percentage of Practice: % Office % Trial No. of Years in Practice: | | | | to schedule for yo | | | | Phone N | umber | |
| Practice Size: 2 people 3-4 people 5-9 people 10-24 people 25+ people Percentage of Practice: % Office % Trial No. of Years in Practice: | Firm Name: | | | | | | | | | |
| Percentage of Practice: % Office % Trial No. of Years in Practice: Nature of Practice Breakdown: % Description % Description % Description % Administrative Law Estates and Trusts Appeals Practice Federal Civil Plaintiff Civil Trial Banking Law General Commercial Prosecutor Bankruptcy General Corporate Law Real Estate Collection Practice Immigration SEC Communication Law Insurance Tax Practice Criminal Law International Law Zoning Defense Civil Trial Labor Relations Other: Defense Tort Law Labor Relations | Position: | 🗆 Sr. Parti | ner $\Box P$ | artner 🗆 Ass | sociate 🛛 | Sole Pr | actice | | | |
| Nature of Practice Breakdown:Description%Description%□ Administrative Law□ Estates and Trusts□ Plaintiff Civil Trial□ Appeals Practice□ Federal Civil□ Plaintiff Tort Law□ Banking Law□ General Commercial□ Prosecutor□ Bankruptcy□ General Corporate Law□ Real Estate□ Collection Practice□ Immigration□ SEC□ Communication Law□ International Law□ Zoning□ Defense Civil Trial□ Labor Relations□ Other: | Practice Size: | □ 2 people | e □ 3- | 4 people □ 5-9 | people 🛛 | 10-24 | beople | □ 25+ p | eople | |
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| □ Appeals Practice□ Federal Civil□ Plaintiff Tort Law□ Banking Law□ General Commercial□ Prosecutor□ Bankruptcy□ General Corporate Law□ Real Estate□ Collection Practice□ Immigration□ SEC□ Communication Law□ Insurance□ Tax Practice□ Criminal Law□ International Law□ Zoning□ Defense Civil Trial□ Labor Relations□ Other:□ Defense Tort Law□ Legal Aid□ | Description | | % | Description | | % | Desci | ription | | % |
| □ Banking Law □ General Commercial □ Prosecutor □ Bankruptcy □ General Corporate Law □ Real Estate □ Collection Practice □ Immigration □ SEC □ Communication Law □ Insurance □ Tax Practice □ Criminal Law □ International Law □ Zoning □ Defense Civil Trial □ Labor Relations □ Other: □ Defense Tort Law □ Legal Aid □ | | | | | sts | | 🗆 Pla | intiff Civ | | |
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| □ Collection Practice □ Immigration □ SEC □ Communication Law □ Insurance □ Tax Practice □ Criminal Law □ International Law □ Zoning □ Defense Civil Trial □ Labor Relations □ Other: □ Defense Tort Law □ Legal Aid □ | 6 | | | | | | | | | |
| □ Communication Law □ Insurance □ Tax Practice □ Criminal Law □ International Law □ Zoning □ Defense Civil Trial □ Labor Relations □ Other: □ Defense Tort Law □ Legal Aid □ Communication | | | | | | | | | | |
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| □ Defense Civil Trial □ Labor Relations □ Other: □ Defense Tort Law □ Legal Aid | | | | | | | | | 5 | |
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| Domestic Relations Detents/Copyright | | | | □ Patents/Copyrig | ht | | | | | |



| Background Information | | | | | | | | | | |
|---|--|---------|---------------|------|--|--|--|--|--|--|
| Have you ever been a State's Attorney: | □ Yes | □ No | | | | | | | | |
| From: | То: | | | | | | | | | |
| Have you ever been a U.S. Attorney: | □ Yes | □ No | | | | | | | | |
| From: | То: | | | | | | | | | |
| Have you ever been in-house counsel for a private business: | | | | | | | | | | |
| From: | То: | | | | | | | | | |
| Preferences | | | | | | | | | | |
| Will you accept a panel assignment that may take | e more than two (2 |) days? | □ Yes | □ No | | | | | | |
| Will you accept a panel assignment that requires <i>If yes, how far?</i> | Will you accept a panel assignment that requires travel?Image: YesNoIf yes, how far?20 miles50 miles100+ miles | | | | | | | | | |
| Professional Interests | | | | | | | | | | |
| Please check the items that apply in which you have Accounting/Finance Banking Education Government Immigration Legal Non-Profit Public Relations |) | | | | | | | | | |
| Voluntary InformationRace/Ethnicity:□White/Caucasian□Alaskan/Native American | □ Black/African- □ Asian/Pacific | | Hispanic/Lati | | | | | | | |
| Gender: 🗆 Male | □ Female | | | | | | | | | |
| Birth date: | | | | | | | | | | |

Submission Instructions

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