



## Peer Review Committee Expression of Interest

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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.

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☐ Lawyer member

☐ Non-Lawyer member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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### Lawyer Member Requirements:

1. Must be admitted by the Supreme Court of Maryland 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 Supreme Court of Maryland 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.
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### Submission Instructions

Please return with *Confidential Questionnaire* form to:

**Eric J. Pelletier, Esquire**  
Chair, Peer Review Committee  
Attorney Grievance Commission of Maryland  
7501 Wisconsin Ave., Suite 1000W  
Bethesda, MD 20814  
admin@agcpeerreview.com



## Peer Review Committee Confidential Questionnaire (Lawyer)

### Contact Information

County: \_\_\_\_\_

Prefix: ☐ Mr. ☐ Dr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Type: ☐ Home ☐ Work ☐ Fax ☐ Mobile

Phone: (\_\_\_\_) \_\_\_\_\_ Type: ☐ Home ☐ Work ☐ Fax ☐ Mobile

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: \_\_\_\_\_  
Name Phone Number

### Practice Information

Firm Name: \_\_\_\_\_

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: \_\_\_\_\_

Nature of Practice Breakdown:

Description	%	Description	%	Description	%
<input type="checkbox"/> Administrative Law		<input type="checkbox"/> Estates and Trusts		<input type="checkbox"/> Plaintiff Civil Trial	
<input type="checkbox"/> Appeals Practice		<input type="checkbox"/> Federal Civil		<input type="checkbox"/> Plaintiff Tort Law	
<input type="checkbox"/> Banking Law		<input type="checkbox"/> General Commercial		<input type="checkbox"/> Prosecutor	
<input type="checkbox"/> Bankruptcy		<input type="checkbox"/> General Corporate Law		<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Collection Practice		<input type="checkbox"/> Immigration		<input type="checkbox"/> SEC	
<input type="checkbox"/> Communication Law		<input type="checkbox"/> Insurance		<input type="checkbox"/> Tax Practice	
<input type="checkbox"/> Criminal Law		<input type="checkbox"/> International Law		<input type="checkbox"/> Zoning	
<input type="checkbox"/> Defense Civil Trial		<input type="checkbox"/> Labor Relations		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Defense Tort Law		<input type="checkbox"/> Legal Aid			
<input type="checkbox"/> Domestic Relations		<input type="checkbox"/> Patents/Copyright			



## Peer Review Committee Confidential Questionnaire (Lawyer)

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### Background Information

Have you ever been a State's Attorney: ☐ Yes ☐ No

From: \_\_\_\_\_ To: \_\_\_\_\_

Have you ever been a U.S. Attorney: ☐ Yes ☐ No

From: \_\_\_\_\_ To: \_\_\_\_\_

Have you ever been in-house counsel for a private business: ☐ Yes ☐ No

From: \_\_\_\_\_ To: \_\_\_\_\_

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### Preferences

Will you accept a panel assignment that may take more than two (2) days? ☐ Yes ☐ No

Will you accept a panel assignment that requires travel? ☐ Yes ☐ No

If yes, how far? ☐ 20 miles ☐ 50 miles ☐ 100+ miles

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### Professional Interests

Please check the items that apply in which you have attained considerable experience:

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Construction             |
| <input type="checkbox"/> Banking            | <input type="checkbox"/> Medical/Health           |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Real Estate              |
| <input type="checkbox"/> Government         | <input type="checkbox"/> Technology               |
| <input type="checkbox"/> Immigration        | <input type="checkbox"/> Telecommunications       |
| <input type="checkbox"/> Legal              | <input type="checkbox"/> Consulting (Area: _____) |
| <input type="checkbox"/> Non-Profit         | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Public Relations   |   |

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### Voluntary Information

Race/Ethnicity: ☐ White/Caucasian ☐ Black/African-American ☐ Hispanic/Latino  
☐ Alaskan/Native American ☐ Asian/Pacific Islander ☐ Other: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Birth date: \_\_\_\_\_

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### Submission Instructions

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

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Chair, Peer Review Committee  
Attorney Grievance Commission of Maryland  
7501 Wisconsin Avenue  
Suite 1000W  
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