



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 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.

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)

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: _____

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

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	

Voluntary Information

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