

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 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 (Non-Lawyer)

| County 1: | | | 2. | | County 3 | | | County | 4: |
|-----------------------------------|-------------|-----------|-----------|-----------|----------|--------|------------|----------|----------------|
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| Prefix: | □ Mr. | □ Dr. | ☐ Mrs. | ☐ Ms. | ☐ Prof. | ☐ Otl | ner: | _ | |
| Name: | (First) | | | (Middle) | | (Last) | | | (Suffix) |
| Title: | | | | | | | | | |
| Address: | | | | | | | | | |
| City, State Zip: | | | | | | | | | |
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| City, State Zip Main Phone: (_ | | | | | | | _No. of Ye | ears Emp | bloyed: |
| Prior Employe | r #1 Name | : | | | | | | | |
| City, State Zip | : | | | | | | | | |
| | | | | | | | _No. of Ye | ears Emp | oloyed: |
| Prior Employe | | | | | | | | | |
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Peer Review Committee Confidential Questionnaire (Non-Lawyer)

| Education High School Name: | | | | | | | |
|--|-------|--|--|--|--|--|--|
| Address: | | | | | | | |
| Graduation Date: | | _ | | | | | |
| College/University N | Jame: | | | | | | |
| Address: | | | | | | | |
| Graduation Date: | | Degree Obtained: | | | | | |
| College/University N | Jame: | | | | | | |
| Address: | | | | | | | |
| Graduation Date: | | Degree Obtained: | | | | | |
| 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 a Accounting/Finance Banking Education Government Immigration Legal Non-Profit Public Relations | | attained considerable experience: Construction Medical/Health Real Estate Technology Telecommunications Consulting (Area:) Other: | | | | | |
| Voluntary Inform Race/Ethnicity: □ | | ☐ Black/African-American ☐ Hispanic/Latino ☐ Other: | | | | | |
| Gender: □ | Male | ☐ Female | | | | | |
| Birth date: | | How did you hear about us? | | | | | |

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