



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 (Non-Lawyer)

Contact Information

County 1: _____ County 2: _____ County 3: _____ County 4: _____

Prefix: ☐ Mr. ☐ Dr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Other: _____

Name: _____
 (First) (Middle) (Last) (Suffix)

Title: _____

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

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Employment History

Current Employer Name: _____

Address: _____

City, State Zip: _____

Main Phone: () _____ **Position:** _____ **No. of Years Employed:** _____

Prior Employer #1 Name: _____

Address: _____

City, State Zip: _____

Main Phone: (____) _____ **Position:** _____ **No. of Years Employed:** _____

Prior Employer #2 Name: _____

Address: _____

City, State Zip: _____

Main Phone: () _____ **Position:** _____ **No. of Years Employed:** _____



Peer Review Committee Confidential Questionnaire (Non-Lawyer)

Education

High School Name: _____

Address: _____

Graduation Date: _____

College/University Name: _____

Address: _____

Graduation Date: _____ Degree Obtained: _____

College/University Name: _____

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 attained considerable experience:

☐ Accounting/Finance

☐ Banking

☐ Education

☐ Government

☐ Immigration

☐ Legal

☐ Non-Profit

☐ Public Relations

☐ Construction

☐ Medical/Health

☐ Real Estate

☐ Technology

☐ Telecommunications

☐ Consulting (Area: _____)

☐ Other: _____

Voluntary Information

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

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Suite 1000W
Bethesda, MD 20814