



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
16701 Melford Blvd.
Suite 421
Bowie, MD 20715
dpotter@agcpeerreview.com



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:

- | | |
|---|---|
| <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: _____ 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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