

APPLICATION FOR THE DISTRICT COURT APPOINTED ATTORNEY PROGRAM

**Please type or print legibly.**

**Name:**

**Address:**

**City, State, Zip:**

**County:**

**Phone: Fax:**

**E-mail:**

REQUIREMENTS

By signing below, I agree to participate in the District Court Appointed Attorney Program. I hereby certify the following:

[ ] I am licensed to practice law in the State of Maryland, am in good standing and am not subject to any pending disciplinary proceedings.

[ ] I will watch the information videos provided on the District Court website prior to my first appearance for a shift.

[ ]  I have read and understand the applicable Maryland Rules on initial appearances.

[ ] I understand that my application for the District Court Appointed Attorney Program does not guarantee that I will be selected to serve as an appointed attorney, and any selection to serve does not guarantee further or continued selection to serve.

[ ]  I understand that I will receive $50.00 per hour when scheduled by District Court personnel for a shift and perform such shift. I understand that I can waive this fee in lieu of pro bono representation.

[ ]  I understand that, if scheduled, I must comply with protocols established by local Commissioner's Offices and/or Detention Centers involving accountability, security and processes.

[ ] I hereby agree to forever release and discharge the District Court of Maryland, its judges, commissioners, employees and/or agents, against any and all claims of any nature as the result of participating in or representing indigent defendants as part of the Appointed Attorney Program.

Under the penalties of perjury, I hereby affirm that the information provided herein is true and correct to the best of my knowledge, information, and belief.

Print/Type Name

Signature

Date

PREFERENCES

I am submitting this application to represent defendants at initial appearances in the following jurisdictions:

[ ]  Allegany [ ]  Carroll [ ]  Harford [ ]  Somerset

[ ]  Anne Arundel [ ]  Cecil [ ]  Howard [ ]  St. Mary’s

[ ]  Baltimore [ ]  Charles [ ]  Kent [ ]  Talbot

[ ]  Baltimore City [ ]  Dorchester [ ]  Montgomery [ ]  Washington

[ ]  Calvert [ ]  Frederick [ ]  Prince George’s [ ]  Wicomico

[ ]  Caroline [ ]  Garrett [ ]  Queen Anne’s [ ]  Worcester

Send completed form to: Commissioner Headquarters

 Attn: Appointed Attorney Program

 251 Rowe Boulevard, Suite 341

 Annapolis, Maryland 21401

 or e-mail to: appointedattorneys@mdcourts.gov or fax to: 410-260-1217

**DC-086** (Rev. 04/2020)