

Date Received by MHEC:

MARYLAND HIGHER EDUCATION COMMISSION
Attorney Registration
for Title IX Legal Representation List

Name: _____

Firm Name (if applicable): _____

Email Address: _____

Main Phone Number: _____

Direct/Alternate Phone Number (optional): _____

Fax (optional): _____

Office Address: _____

Mailing Address (if different from Office Address): _____

Website (optional): _____

Preferred method of contact by MHEC: email main phone direct/alternate phone

Preferred method of contact by student: email main phone direct/alternate phone

Date licensed to practice in Maryland: ____ / ____ / _____

What organization did you attend training with? _____

Training Date: ____ / ____ / _____

(if organization provides certificate of attendance, please attach)

Are you willing to represent: complainants respondents either

Affirmation and Certification
(read and initial each statement)

1. I am an attorney licensed to practice before and in good standing with the Court of Appeals of Maryland. _____
2. I (myself or through my firm) carry malpractice insurance sufficient to cover representation in a Title IX proceeding. _____
3. I attended a training of at least 5 hours on representing students in Title IX Sexual Assault Proceedings, which included information on trauma-informed representation. _____
4. I promise to treat all individuals involved in the Title IX process, including my clients, opposing parties, opposing attorneys, and college and university officials, with respect and dignity throughout the proceedings. I understand that failing to do so will result in my removal from the attorney list. _____
5. I have read and agree to all MHEC regulations, policies, and procedures regarding this list and reimbursements from the Legal Representation Fund for Title IX Proceedings. _____
6. I agree not to charge students any costs or fees in excess of the reduced rate identified on MHEC's website. _____

I AFFIRM ALL THE STATEMENTS ABOVE AND CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date: _____

Please submit this form and attachments to MHEC via PDF at:

TitleIXproceedings.MHEC@maryland.gov