

MARYLAND HIGHER EDUCATION COMMISSION

ATTORNEY FEE PAYMENT REQUEST FORM

Title IX Campus Sexual Assault Proceedings

MHEC Attorney List Status: on attorney list not on attorney list

Name of Attorney: _____

Firm Name (if applicable): _____

Email Address: _____

Main Phone Number: _____

Direct/Alternate Phone Number (optional): _____

Mailing Address: _____

Federal Employer Identification Number: _____

Name of Student Represented: _____

Name of College or University: _____

Name of Title IX Coordinator: _____

Date Title IX Proceedings Started: ____ / ____ / _____

Date Title IX Proceedings (including any appeals) Concluded: ____ / ____ / _____

Date Retainer Signed: ____ / ____ / _____

Date Representation Terminated: ____ / ____ / _____

Services Provided (select all that apply):

prepared documents for investigation, mediation, or hearing

advice during investigation phase

communication with investigator/Title IX Coordinator

advice during investigatory meeting

advice during mediation

advice during disciplinary hearing/proceeding

advice regarding appeal

prepared/filed appeal

advice during appeal hearing

other (please specify) _____

**MHEC Title IX Legal Representation Fund
Attorney Fee Payment Request Form**

Name of Attorney: _____

I am requesting payment for the following number of hours: _____ . _____
Amount of payment requested for fees: \$ _____ .00
Amount of payment request for travel costs: \$ _____ . _____
(see <website> for allowable costs)
Total amount requested: \$ _____ . _____

CERTIFICATION (ALL ATTORNEYS)

I certify that:

- a) I have read and agree to all MHEC regulations, policies, and procedures regarding reimbursements from the Legal Representation Fund for Title IX Proceedings;
- b) The attached billing statement is accurate and complete; and
- c) All information on this form is true and correct to the best of my knowledge.

Signature Date: _____

ADDITIONAL CERTIFICATION FOR MHEC LIST ATTORNEYS ONLY

I certify that I have not and will not charge my client any costs and fees in excess of the reduced fee rate for MHEC List attorneys (fees equivalent to those paid to attorneys under civil legal services programs administered by the Maryland legal services corporation under Human Services Article, Title 11, Annotated Code of Maryland, currently \$100 per hour).

Signature Date: _____

Please submit the following to MHEC at TitleIXproceedings.MHEC@maryland.gov in ONE PDF document:

1. **This form**
2. **Additional Information form**
3. **Retainer/Representation Agreement (may be redacted)**
4. **Billing Statement (may be redacted)**
5. **Cost Reimbursement form (if applicable)**
6. **Student Certification form**
7. **A copy of the first notice provided to your client by their college or university under Educ. § 11-601(d)(3)(iv) or § 11-601(d)(4)(i)**

For more information regarding required documents, please contact TitleIXproceedings.MHEC@maryland.gov.