

Washington Pro Bono Patent Network Inventor Application

Thank you for your interest in the Washington Pro Bono Patent Network (“the Network”). This application, supporting documentation (Certificate of Completion of USPTO’s patent pro bono training module and most recent tax return with Social Security Number obscured), and an application fee of \$50.00 are required for inventors seeking pro bono assistance through the Network. Please note that this pro bono assistance means only that *legal fees* will be waived by an attorney agreeing to work on your matter. There may be other fees and costs associated with your matter that you will be responsible for paying, such as patent filing fees, prior art search fees, drawing fees, extension fees, etc. The attorney helping you will not be able to pay these fees on your behalf.

PART I: USPTO TRAINING VIDEO CERTIFICATE

Before completing the application, please watch the 40 minute [USPTO TRAINING VIDEO](#) ([USPTO TRAINING VIDEO IN SPANISH](#)) and download the Certificate of Completion provided at the end of the video to attach to this application.

PART II: GENERAL INFORMATION

Personal Details (Required*)

Name: _____

Street Address: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Alternate Contact Name: _____

Alt Phone: _____

Is English your first language (Y/N)? _____

Do you need an interpreter (Y/N)? _____

If yes, what language? _____

How did you find out about the Washington Pro Bono Patent Network?

PTO 450 (Rev.4/20)

Approved for use through 06/30/2023. OMB 0651- 0082

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a

Collection of information unless it displays a valid OMB control number

The answers to the following 3 questions will be kept in confidence and will only be used in the aggregate

What is your gender?* _____

(Please choose Male, Female, Decline to specify)

What is your race?* _____

(Please choose, African American/Black, American Indian or Alaska Native, White, Asian, Pacific Islander, or Native Hawaiian, Two or more race, Other, Decline to specify)

Are you of Hispanic, Latino, or Spanish origin?* _____

(Please choose Yes, No, Prefer not to say)

Are you a veteran?* _____

(Please choose Yes, No, Prefer not to say)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. Response to this information collection is voluntary; however, the data collected from this survey will be used to evaluate and publicize the Patent Pro Bono Program. Any comments on the amount of time you require to complete this survey and/or suggestions for reducing this burden, should be sent to the Chief Administrative Officer, United States Patent and Trademark Office P.O. Box 1450, Alexandria, VA 22313-1450.

Statistical Information (Optional)

Do you identify as LGBTQ (Y/N)? _____

Do you have a disability (Y/N)? _____

PART III: FINANCIAL INFORMATION (Required*)

Tax Return: Please attach a copy of your most recent federal income tax return, with Social Security Numbers obscured.

Dependents (people you support):

Number of children: _____

Number of others (e.g. parents, other relatives): _____

Please explain:

Employment

Your employer: _____

Spouse's employer: _____

Gross Monthly Income: List the amount you receive per month from each of the sources below.

Your Employer \$ _____ per month

Spouse's Employer \$ _____ per month

S.S.I. \$ _____ per month

Public Assistance (TANF/GAU) \$ _____ per month

Unemployment Insurance \$ _____ per month

Social Security \$ _____ per month

Retirement \$ _____ per month

Other \$ _____ per month

Total Gross Monthly Income \$ _____ per month

Annual Adjusted Gross Income: _____

(Line 4 on Form 1040 EZ, line 21 on Form 1040A or line 37 on Form 1040 of your most recent tax return)

Assets

Bank Accounts \$ _____

Equity in Realty \$ _____

Equity in Auto(s) \$ _____

Year & Make _____

Stocks & Bonds \$ _____

Cash on Hand \$ _____

Other (specify): \$ _____

Other (specify): \$ _____

Total Assets \$ _____

Please list your monthly expenses (e.g. childcare, medical, transportation, etc.):

Please list your debts and indicate whether they are personal or business-related:

PART IV: INVENTION INFORMATION (Required*)

Short title of your invention: _____

Basic description of invention:

Describe the general technical area of your invention, what it does, and any difference or improvement it provides from existing innovations. DO NOT INCLUDE CONFIDENTIAL FEATURES:

Do you have a prototype or drawings of your invention (Y/N)? _____

If yes, briefly describe your drawing or prototype (1-2 sentences):

Have you discussed your technology* with anyone, presented it anywhere (including the internet), or created any written documents about it (Y/N)? _____

If yes, with who?

If yes, when?

If yes, describe the extent of this disclosure:

**“Technology” can refer to an early conception of your idea generally, even if that technology has changed since the discussion took place.*

Have you already filed any type of patent application for this invention (Y/N)? _____

If yes,

Did you file provisional, non-provisional, and/or Patent Cooperation Treaty (PCT) application(s) (Y/N)? _____

How many of each?

When did you file?

If the application has been published, what is the application number?

In general, which aspects of the technology is each application directed to?

If no,

Would you like to (Y/N)? _____

In general, which aspects of the technology would you like to direct the application to?

Have you completed a prior art search (Y/N)? _____

If not, do you plan to do a prior art search (Y/N)? _____

Have you licensed any patent rights from anyone (Y/N)? _____

If yes,

What was licensed?

Who did you license from?

When?

If no,

Would you like to (Y/N)? _____

In general, which aspects of the technology would you like to license?

Ownership of Invention: Do you own all rights to your invention (Y/N)?

If no, please list other inventors and explain:

PART V: LEGAL ASSISTANCE (Required*)

Do you have now, or have you had in the past, the assistance of an attorney with respect to a patent application (Y/N)? _____

If yes,

Please provide the name, address, and telephone number of the attorney consulted:

Was the attorney paid (Y/N)? _____

Why are you not pursuing the current matter with the attorney consulted?

Are there any timelines associated with any office actions to be aware of?

PART VI: CERTIFICATION (Required*)

By signing this form, I acknowledge and agree that:

All of the information in this application is true to the best of my knowledge.

I may be asked to provide additional information to be considered for this program.

Continuation in this program is at the sole discretion of the program administrators, and filling out this application does not entitle me to any services.

I am not entering into an attorney-client relationship with the Washington Pro Bono Patent Network or any of its employees, board members, or volunteers. Washington Pro Bono Patent Network does not provide legal advice; it is only a referral service.

Washington Pro Bono Patent Network will use and disclose my information only to the extent necessary for implementing the program. Washington Pro Bono Patent Network may share my information with volunteer lawyers, law students, and law firms who will consider assisting me.

It may take up to 120 days to find a matching attorney for my matter and Washington Pro Bono Patent Network cannot guarantee that it will be able to refer my matter to a volunteer attorney. If I am not matched within 120 days, my application to the Washington Pro Bono Patent Network will expire, and the Network will send an email notifying me that I have not been matched.

If I file a patent application, I, and not the Washington Pro Bono Patent Network or my volunteer attorney, am responsible for paying any filing fees charged by the USPTO. *(For a schedule of USPTO's filing fees, please see the "Inventor FAQ" section on the Washington Pro Bono Patent Network web page.)*

Neither Washington Pro Bono Patent Network nor its volunteer attorneys and law firms can predict the outcome of my patent matter.

I have an ongoing duty to notify Washington Pro Bono Patent Network and any volunteer attorney working with me if my financial situation improves so as to exceed three times the federal poverty guidelines. Such improved financial situation may impact my continued qualification for the program, and Washington Pro Bono Patent Network and its volunteer attorneys reserve the right to terminate me from the program. Failure to notify Washington Pro Bono Patent Network and my volunteer attorney of changes in my financial situation can result in immediate termination from the program.

Signature:

Date:
