

Washington Pro Bono Patent Network Co-Inventor Supplement Form

PART I: GENERAL INFORMATION

Primary Applicant Information (Applicant who Pays Application Fees)

Name (Required): _____

Co-Inventor Information (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 II: 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 V: 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:
