

ProBoPatSM APPLICATION

Contact / Background Information

Last Name		First Name		Middle Initial
Residence Street Address				
City	State	Zip	Telephone / /	
E-mail				
Are you: Employed _____ Name of Employer _____ Self-Employed _____ Unemployed _____ Retired _____				
If you listed an Employer, does your idea relate to any technology area that the Employer is involved in? Yes ___ No ___				
How did you hear about ProBoPat?				
Have you applied to ProBoPat before? Yes ___ No ___				
Are you a business owner? Yes ___ No ___ If yes, what is the name of the business and how long have you been in business?				
One of ProBoPat's goals is to assist inventors to create and grow a business, not just obtain a patent.				
<ul style="list-style-type: none"> •Have you prepared a business plan? Yes___ No _____ •Have you thought through the resources necessary to bring your invention to market? Yes___ No___ •Are you open to participating in business consulting services or training? Yes___ No___ 				

ProBoPatSM APPLICATION

Income Information

Gross (before taxes) annual household income for the previous year (include your spouse's income and all other sources, such as child support):

Do you have any other sources of income? Yes ___ No ___
If so, please list:

How many other people are part of your household, not counting yourself (e.g., 0, 1, 2, etc.)?

For verification of income and dependents, please provide a copy of your Income Tax Return Form 1040 for the most recent tax year. Providing your Income Tax Return form is required to have your application reviewed for acceptance into the ProBoPat program.

Information regarding resources for free income tax preparation are listed on the ProBoPat page on the Mi Casa Resource Center website. <http://www.micasaresourcecenter.org/business-development/pro-bono-patent-program/>

Online Training Requirement

Have you completed the Pro Bono Training Program on the USPTO website? Yes ___ No ___

If yes, please attach a copy of the Certificate of Completion with your application.

If no, please go to <https://www.uspto.gov/video/cbt/certpck/index.htm> and complete the training.

Completion of the training module is required of all inventors to have your application reviewed for acceptance into the ProBoPat program.

ProBoPatSM APPLICATION

Invention Information – DO NOT INCLUDE CONFIDENTIAL INFORMATION ABOUT YOUR INVENTION IN THIS APPLICATION.

- Please provide only a general description of your idea in your answers below. If you are accepted into the ProBoPat program, ProBoPat will attempt to pair you with a patent practitioner to whom you can then share the details of your invention.
- For an Applicant to be eligible for ProBoPat, you must have more than an idea for an invention. An inventor must be able to explain to a patent professional how to make the invention.

Short Title of Your Invention / Idea (Limit: 1 Invention)

Subject Matter of Your Idea - What does your idea relate to? (Good Example: My idea relates to an improved gripping mechanism for a pencil. Bad Example: My idea relates to a pencil grip that has crisscross grooves intersecting at 30^o angles over 40% of the gripping surface.) **NO INVENTION DETAILS PLEASE.**

We want to hear your story. In 100 words or less:

- Tell us what inspired you to create this invention; and
- Tell us why you are motivated to seek patent protection

Do you have drawings of your invention? Yes ___ No___

Do you have a prototype of your invention? Yes ___ No ___

Have you conducted a prior art search for your invention? Yes ___ No ___

Have you filed a provisional or non-provisional patent application with the USPTO for this invention?

Provisional: Yes ___ No ___ Non-Provisional: Yes ___ No ___

If you answered Yes, has the patent application been pending for more than 6 months? Yes ___ No ___

***Completing this form in no way obligates ProBoPat or Mi Casa to assist with a timely referral for your pending patent application. See Acknowledgments below.**

ProBoPatSM APPLICATION

ProBoPat Application Fee - \$50.00

- I understand that there is a \$50 Application Fee to participate in the ProBoPat program.
- I understand that once I am notified of my acceptance into the ProBoPat program that I must pay the \$50 fee to Mi Casa Resource Center to complete the application process.
- Please initial to acknowledge the application fee _____

Applicant Acknowledgments

By signing below, I understand and agree that:

- a. The information provided in this form is true and complete to the best of my knowledge, and I understand that false or misleading information may result in delays in, or denial/termination of, referral assistance.
- b. I will notify ProBoPat if the information on this form materially changes, for example if my contact information changes or my annual household income materially increases.
- c. Neither ProBoPat, nor the Mi Casa Resource Center, provides legal advice. I understand that I am not entering into an attorney-client relationship with ProBoPat or Mi Casa Resource Center, or any of their employees, steering committee members, volunteers, or board members. ProBoPat is only a referral service.
- d. I will not provide any confidential information to ProBoPat, and except for the Income Information identified above, this form does not contain any information which I expect ProBoPat to keep confidential. I will only provide confidential information to a patent practitioner who agrees to represent me.
- e. ProBoPat may deny anyone’s application or remove an applicant from further participation, for any reason, in its sole discretion.
- f. Patent matters can be very time sensitive. ProBoPat and Mi Casa Resource Center do not guarantee that a suitable patent practitioner will be found, nor do they guarantee that one will be found within a reasonable amount of time. I understand that I must independently seek counsel for any time sensitive matter, or any other matter for which I am uncomfortable using the ProBoPat referral system.
- g. If my application is accepted and I am referred to a patent practitioner, the representation will in most cases be limited to a specific case and a specific amount of time or phase of patent prosecution.
- h. ProBoPat does not currently offer referrals for assistance with trademark or copyright matters, or any non-patent prosecution matters.
- i. I agree that the patent practitioner representing me can provide procedural status reports of non-confidential information as well as the filing date and serial number of any patent applications filed, to the ProBoPat program.
- j. I understand that I am responsible for paying the government fees for a patent application (For more information regarding the fees see the ProBoPat FAQs.) I am prepared to pay the government fees associated with filing a patent application. Yes_____ No_____

Full Name (Printed):	Date: / /
Signature	



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Please submit this form & supporting documents (by mail, e-mail or fax) to:

Mi Casa Resource Center
345 S. Grove Street, Denver CO 80219

ProBoPat@MiCasaResourceCenter.org

Main Number: 303-573-1302
ProBoPat Direct Number 303 539-5643
Fax Number: 303-595-0422
Attention: ProBoPat