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## Inventor Application for Pro Bono Assistance - PTAB Bar Association

\* - indicates required fields

### Submission Type

## Personal Information

### Salutation \*

### First Name \*

### Middle Name \*

### Last Name \*

### Phone \*

### Email \*

### Address \*

**Address 2**

**City \***

**State \***

**Zip \***

## Demographic Data

**Gender \***

**Ethnicity \***

**Race \***

**Veteran Status \***

## Financial Information

**Do you have a household income of less than 300% (3x) federal poverty guidelines? \***

(<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>) (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>)

\* The PTAB Bar Association administrator may ask you to provide proof of income such as 1040 Forms submitted and accepted by the IRS, Social Security payments, disability payments, disability benefits, Medicaid information, etc.

## Patent Pro Bono Program

**Has this application for appeal assistance been prosecuted by a volunteer associated with the USPTO's patent pro bono program? \***

If yes, please provide \*

**Name of Regional Program**

**Patent Attorney/Agent Name**

**Patent Attorney/Agent Registration Number**

\* The PTAB Bar Association may reach out to 1) the prior regional program to confirm your financial status for participation and 2) your prior attorney for information on why he/she considers the application ripe for appeal.

## Knowledge

You must demonstrate knowledge of the ex parte appeal process by successfully completing a video training course. The video training course involves two videos. The first video explains how the PTAB Pro Bono Program works and the second video walks through the ex parte appeal process. You must complete both videos.

**Have you completed the training course offered by the USPTO (<https://www.uspto.gov/patents/patent-trial-and-appeal-board/patent-trial-and-appeal-board-pro-bono-program-independent>)? \***

**Are you currently represented by an attorney? \***

## Invention / Appeal Information

**Title of Invention \***

**Basic Subject Area \***

*select all that apply*

**Application No. \***

## Certification of Micro Entity Status

**Is there a Certification of Micro Entity Status in your application? \***

Select an Option ▼

**Status of Application \***

Select an Option ▼

**Date of Last Office Action \***

**Briefly describe the basis for appeal (please limit explanation to what you believe to be the error in the broadest independent claim rejected by the Examiner) \***

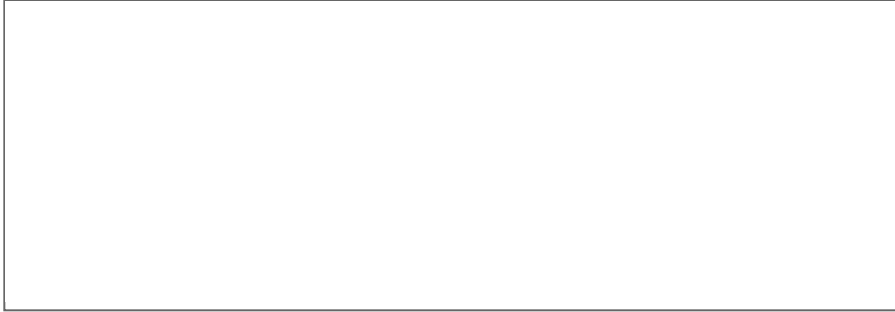
## Disclosures

By submitting my electronic signature below, and by submitting this application, I am making the following representations:

1. The information provided by me in this application is, to the best of my knowledge, complete and accurate.
2. I understand that submitting false or misleading information may result in delay or denial of services.
3. I understand that misrepresenting the financial information used to establish my qualification for micro-entity status to the United States Patent and Trademark Office may constitute fraud, and could result in the invalidation of the patent or application.
4. I will notify the PTAB Bar Association program if any of the information in this application materially changes prior to placement with an attorney, especially if any inventor's income should suddenly increase.
5. I have not shared any confidential information in filling out this application with the PTAB Bar Association.
6. I understand that continuation in the program is at the discretion of the program administrator, and that filling out this application does not entitle me to any services.
7. I agree and understand that this application does not create an attorney-client relationship between any named inventor or myself and any individual attorney or the PTAB Bar Association.
8. I understand that the matter may be placed with either a patent attorney or patent agent, and that this person's representation may be limited to the filing of a pre-appeal and Notice of Appeal for the invention referenced in this application.
9. I understand that PTAB Bar Association's scope of services are limited to the placement of cases for filing patent appeals and that if I have another legal issue prior to placement with a patent attorney/agent, PTAB Bar Association will not handle the placement of these issues. I further understand that while my assigned attorney may take on these additional matters, they may charge additional fees for these services.
10. I understand that the applicant remains responsible for the payment of all necessary governmental fees and ancillary fees when necessary.

# Electronic Signature and Date Stamp

Please sign below using your mouse or your finger on a touchscreen device



Clear

**Signature Date \***

After submitting this application, the program administrator will review the details and will attempt to contact you within a reasonable period of time. Please only call the office or e-mail for confirmation if you do not receive an automated confirmation e-mail. Keep in mind that the office is usually closed on and around major holidays, and delays are likely during these periods of the year.

Please review your application carefully before submitting. Submitting your application multiple times will cause unnecessary delays. We ask you to please be certain of your responses before pressing the submit button. If you need to make material changes after hitting submit, please e-mail us at [PTABprobono@ptabbar.org](mailto:PTABprobono@ptabbar.org) (mailto:PTABprobono@ptabbar.org), but DO NOT submit and then go back to make changes and submit again.

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