# PLEASE NOTE: SUBMITTING THIS FORM

# DOES NOT CONSTITUTE LEGAL REPRESENTATION

# Personal Information

First name:

Last name:

Previously used names:

Address:

City, State, Zip Code:

Email Address: Phone:

**Personal Income and Expense Information**

Current Year-to-date Gross Income:

Prior year ending 20 Gross income:

Current monthly expenses:

Other Income and Expense Information

Current year-to-date gross income:

Prior year ending 20 Gross income:

Estimated Value of personal assets, if any (home, vehicles, bank accounts, 401(k), stocks, etc.):

Amount of all personal debt, if any (home, credit cards, vehicles, etc.):

Are you currently employed?

**Business Information (If Applicable)**

Business name:

Address:

City, State, Zip Code:

Email Address: Phone:

Website:

Is the business registered with the State of North Carolina?

Nature of business (specify primary services/Products/Goods Provided)

Relationship to Business? (*please check one*)

Owner/Principal President/CEO Employee Partner other

Names of all business partners?

How many people work in your business in any capacity?

Business Income and Expense Information

Current year-to-date gross income:

Prior year ending 20 gross income: Current monthly expenses:

Other Business Income and Expense Information

Source of other business income:

Current Year-to-Date Gross Income from Other Source:

Prior Year Ending 20 Business Income from Other Source

Other Business Expenses:

**LEGAL SERVICES NEEDED**

PLEASE NOTE: THE PATENT CLINIC DOES NOT PROVIDE LITIGATION SERVICES OR ANY INTERNATIONAL PATENT SERVICES

**REQUESTED SERVICES – PLEASE ANSWER THE FOLLOWING QUESTIONS**

**NEW Patent Applications**

* Briefly summarize your idea. Do not include confidential details.
* Have you disclosed your idea to anyone, either verbally or in writing?

If yes, please provide to whom, where and date.

* Have you used your idea or demonstrated it to anyone?

If yes, please provide date/details.

* Have you sold, or offered to sell, your idea to anyone?

If yes, please provide to whom, place and date.

If you have disclosed and/or demonstrated your idea to others, have you signed a non-disclosure agreement? If yes, please provide date.

**FILED Patent Applications**

If you have already filed a patent application with the US Patent & Trademark Office (USPTO), please provide the following information

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Type**  **(Provisional/Non-Provisional** | **Serial Number** | **Filing Date** | **Inventor(s)** |
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# Please submit at least one of the following documents (if applicable) to determine your financial eligibility for our services

# Most recently filed Form 1040, including all Schedules, W-2 and/or 1099 Forms (please redact social security number)

* Two most recent paystubs
* Year-to-date and prior year business financials (profit & loss, balance sheet)
* Statement/Declaration of Income and Expense

Please note submitting this form does not make us your attorneys. We are an educational clinic; we do not operate as a traditional law firm. Accordingly, if your matter is time sensitive or you require a more immediate response, please contact another patent attorney. The Patent Clinic reserves the right to waive all or any portions of the client eligibility criteria.

By signing and submitting this form, you acknowledge that all the above information is true and correct, and you agree to the time constraints.

Signature Date

Please email to: [ipclinic@nccu.edu](mailto:ipclinic@nccu.edu);

or FAX to (919) 530-7892;

or mail to:

NCCU School of Law – Patent Clinic

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