OMB No. 0651-00XX

Expires XX/XX/2019

Pro Bono Patent Program

Quarterly Metrics Reporting Questionnaire

Basic Information

[Section 1 of 9]

| First Name | L | _ast Name | | | | |
|--|---------------|--------------|--------------|----------|----------|----------------|
| Email* | | | | | | |
| 1 What is the nam | o of your H | CDTO region | nol neo hono | n neogra | m2* | |
| 1.What is the name | e of your U | SPIO region | iai pro bono | progra | m?" | |
| 2.Reporting Year* | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3.Reporting Period | * | | | | | |
| 3.Reporting Period Quarter Ł | * | | | | | |
| | * | | | | | |
| | | nts who requ | ested servic | ces from | your pro | ogram this qua |
| t Quarter Ł | | nts who requ | ested servic | es from | your pro | ogram this qua |
| Quarter Ł | | nts who requ | ested servic | es from | your pro | ogram this qua |
| Quarter Ł | tial applican | | | es from | your pro | ogram this qua |
| Quarter Ł 4. Number of poten | tial applican | | | es from | your pro | ogram this qua |
| Quarter Ł 4. Number of poten 5. What U.S. States | tial applican | | | es from | your pro | ogram this qua |
| Quarter Ł 4. Number of poten 5. What U.S. States Alabama | tial applican | | | es from | your pro | ogram this qua |
| Quarter Ł 4. Number of poten 5. What U.S. States Alabama Alaska | tial applican | | | es from | your pro | ogram this qua |
| Quarter Ł 4. Number of poten 5. What U.S. States Alabama Alaska Arizona Arkansas | tial applican | | | es from | your pro | ogram this qua |
| Quarter Ł 4. Number of poten 5. What U.S. States Alabama Alaska Arizona | tial applican | | | es from | your pro | ogram this qua |
| 4. Number of poten 5. What U.S. States Alabama Alaska Arizona Arkansas California Colorado | tial applican | | | es from | your pro | ogram this qua |
| Quarter Ł 4. Number of poten 5. What U.S. States Alabama Alaska Arizona Arkansas California | tial applican | | | es from | your pro | ogram this qua |

| Flo | rida |
|-------------------|---------------------|
| | Georgia |
| | Hawaii |
| \Box | Idaho |
| $\overline{\Box}$ | Illinois |
| $\overline{\Box}$ | Indiana |
| $\overline{\Box}$ | Iowa |
| $\overline{\Box}$ | Kansas |
| _ | Kentucky |
| $\overline{\Box}$ | Louisiana |
| $\overline{\Box}$ | Maine |
| | Maryland |
| _ | Massachusetts |
| \Box | Michigan |
| | |
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| | • • |
| \Box | Montana |
| | Nebraska |
| \Box | Nevada |
| | New Hampshire |
| | |
| | New Mexico |
| | |
| | North Carolina |
| | North Dakota |
| | Ohio |
| | Oklahoma |
| | Oregon |
| | Pennsylvania |
| | Puerto Rico |
| | Rhode Island |
| | South Carolina |
| | South Dakota |
| | Tennessee |
| | Texas |
| | Utah |
| | Vermont |
| | Virginia |
| | Washington |
| | Washington, D.C. |
| | West Virginia |
| | Wisconsin |
| | Wyoming |
| [Ch | eck all that apply] |

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| | Save Answers and Resume Later |
|----------|-------------------------------|
| Progress | |
| | |

Pro Bono Patent Program: QUARTERLY METRIC REPORTING QUESTIONNAIRE - ... Page 1 of 1

Referral Sources

[Section 2 of 9]

| 5. Number of applicants applying from each U.S. State? | | |
|--|--|--|
| | | |
| [e.g. CA = 35; NV = 6; HI = 2; AK = 1 | L; etc.] | |
| 7.Number of applicants refer | red to your program by the Federal Circuit Bar?* | |
| | | |
| | | |
| 8. Number of applicants that | came directly to your regional program?* | |
| | | |
| | | |
| | | |
| | | |
| 9. Number of applicants that | came from another source? | |
| 9. Number of applicants that | came from another source? | |
| 9. Number of applicants that | came from another source? | |
| 9. Number of applicants that | came from another source? | |
| | | |
| | | |
| | | |
| 10. If applicable, list other so | ources of referrals: | |
| 10. If applicable, list other so | | |
| 9. Number of applicants that 10. If applicable, list other so [e.g. from a law firm; law school; small | purces of referrals: all business development center; etc.] | |
| 10. If applicable, list other so | ources of referrals: | |
| 10. If applicable, list other so | purces of referrals: all business development center; etc.] | |
| 10. If applicable, list other so | purces of referrals: all business development center; etc.] | |

Financial Screening

[Section 3 of 9]

| 11. Number of app | licants completing and returning the financial screening appl | lication this quarter |
|-------------------------|---|-----------------------|
| [Where regional program | m uses a financial screening application form] | |
| 12. Number of fina | ncial screenings approved this quarter? | |
| | Save Answers and Resume Later | |
| ogress | | |

Invention Screening

[Section 4 of 9]

| 4. Total number of app | olications approved for placement with an attorney/a | gent this quar |
|---------------------------|--|----------------|
| Disquali [Section 5 of 9] | fications | |
| | | |
| 5. Total number of app | licants disqualified (for any reason)? | |
| 5. Total number of app | | |
| | | 0 |
| | | 0 |
| | | 0 |

Placement Information

[Section 6 of 9]

| roviders include: law firms; in-house legal teams; solo attorneys; etc.] 3. Breakdown placements by state | |
|---|------------------|
| | |
| 3. Breakdown placements by state | |
| | |
| | |
| se the applicant's state as the state of placement, e.g., $AL - 4$; $MS = 2$.] | |
| 9. Number of applicants placed but cancelled – this quarter? | |
| | |
|). Cumulative backlog | |
| | |
| otal number of applicants approved for placement but not matched with an attorney/agent for legal services as of the end of | of this quarter] |
| | |
| Danal Attornov Information | |
| Panel Attorney Information | |
| [Section 7 of 9] | |
| L Total number of cornerations and law firms enracing to escent escent as of the last day of this | |
| L. Total number of corporations and law firms agreeing to accept cases as of the last day of this uarter? | 1 |
| | |
| 2. Total number of attorneys agreeing to accept cases as of the last day of this quarter? | |
| otal number of applicants approved for placement but not matched with an attorney/agent for legal services as of the end o | of this quarter] |
| 3. Estimated number of hours donated by lawyer referral service panel attorneys serving in | |
| our program during this quarter?* | |
| | |
| | |
| Dotont Cotogorios | |
| Patent Categories | |
| [Section 8 of 9] | |
| | |
| I. Number of provisional patent applications filed through the Program this quarter? | |

| 26. Number of desigr | patent applications filed through the Program this quarter? | |
|---|---|---|
| 27. List the patent nu | mbers for the patents that issued this quarter? | |
| Patent numbers are format | ted X,XXX,XXX; do not list patent application numbers, which are formatted XX/XXX,XXX] | |
| [Section 9 of 9] To be completed twice | n Financial Information e a year for the period beginning January 1 st , ending June 30 th , and the perior 31 st only if your program has an active Memorandum of Agreement with the | |
| | rrent finances, as of today, what is the percentage of the total project co that your organization is able to cover? | ost (as listed |
| | | |
| of donors who ha | umber of donors who have made multi-year (calendar year) commitmer ve donated for more than one year in the previous three years? | |
| of donors who ha | | ? |
| of donors who ha | ve donated for more than one year in the previous three years? umber of donors who have donated for the first time this calendar year | ? |
| of donors who ha | umber of donors who have donated for the first time this calendar year | ? |
| of donors who had 30. What is the total notation and a second of the second of the responses will be setting Customer Serviconfidential Information | umber of donors who have donated for the first time this calendar year | of ill be used periences. E.O. 12862, ander the same 31 |