

Client Intake Form for Pro Bono Regional Programs

What is your race?

- ☐ **African American/Black**
- ☐ **White**
- ☐ **American Indian or Alaska Native**
- ☐ **Asian Pacific Islander or Native Hawaiian**
- ☐ **Prefer not to say**

What is your gender?

- ☐ **Male**
- ☐ **Female**
- ☐ **Prefer not to say**

Are you a Veteran?

- ☐ **Yes**
- ☐ **No**
- ☐ **Prefer not to say**

Are you of Hispanic, Latino, or Spanish Origin?

- ☐ **Yes**
- ☐ **No**
- ☐ **Prefer not to say**

The collection of information in this section is requested by all Pro Bono applicants. The four questions are estimated to take 1 minute to complete. Time will vary depending upon the individual case. Any comments on the amount of time required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Administration Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

Note for OMB review: This information is being requested from Pro Bono participants through the regional programs that are supported by USPTO. The aforementioned three questions are being sponsored by USPTO, but is usually made available to the participants as a part of a larger registration information packet provided by the regional programs. That larger registration packet is managed by the regional programs and the components of the packet may vary depending upon the needs of that particular program/location.

Below is an example of how the client intake form, sponsored by USPTO, could appear as integrated into the larger registration packet which includes regional registration information. Regional programs may include the answer options as drop down selections, as seen in the example.

Solo Inventor Application for Pro Bono Program

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Page 1

I am applying on behalf of: *

Myself (solo inventor)

An Organization/Business

A Nonprofit

Personal Information

Salutation

Please select... ▼

First Name *

John

Last Name *

Smith

Phone *

(555) 555-5555

Personal Email *

test.com

Address Line 1 *

111 home place

Address Line 2

City *

Atlanta

State *

Georgia



Postal Code *

21136

County *

Banks



How did you hear about our program?

Referred through Federal Circuit Bar

Georgia PATENTS Website

Other

Client Intake Form

PTO 451 (Rev. 4/20)

Approved for use through XX/XX/XXXX. 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

To aid us in applying for grants, we ask that you answer the following Demographic Data questions.

This information is kept in confidence and only used in the aggregate.

What is your race?

African American/Black ▼

What is your gender?

Male



Are you a Veteran?

Yes

No

Are you of Hispanic, Latino, or Spanish Origin?

Yes ▼

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Financial Information

Do you have a total household income of less than 300% of the poverty rate? *

Yes No

This field is required.

Inventor Information

Are you the inventor to be listed on the patent? *

Yes No

How many inventors will be listed on the patent? *

1 2 3 4

Have you been listed as an inventor on any other patent/pending application (other than a provisional covering the present invention)? *

Yes No

How have you satisfied the mandatory training requirement? *

Attended a Patent 101
SeminarCompleted the USPTO
Online TrainingI have not satisfied the
requirement

If you completed the online training, you will need to bring/send a copy of the confirmation to the intake for verification.

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[Contact Information](#)