

### **Draft Quarterly Metrics Reporting Questionnaire**

Name of Person Reporting Metrics

Email of Person Reporting metrics

1. What is the name of your regional pro bono program?
2. Reporting Year
3. Reporting Quarter
4. Number of inventor inquiries into your program this quarter?
5. Number of applicants that applied to your program this quarter (applicants that submit a client intake form/application)?
  - a. Of the applicants that applied to your program, provide a breakdown of applicants by gender, ethnicity, race, and/or veteran status according to the groups identified in the table below.
6. Breakdown of applicants applying from each U.S. State [e.g. CA = 35; NV = 6; HI = 2]
7. List any additional referral sources (other than National Clearing House and direct application to your program)
8. Number of applicants placed with an attorney/agent this quarter?
  - a. Of the applicants placed with and attorney/agent this quarter, provide a breakdown of applicants by gender, ethnicity, race, and/or veteran status according to the groups identified in the table below.
9. Cumulative Backlog [total number of applicants approved for placement but not matched with an attorney/agent for legal services as of the end of this quarter]
10. Total number of attorneys agreeing to accept cases as of the last day of this quarter?
11. Estimated number of hours donated by lawyer referral service panel attorneys serving in your program this quarter?
12. Number of provisional patents filed through the program this quarter?
13. Number of non-provisional patents filed through the Program this quarter?
14. Number of design patents filed through the Program this quarter?
15. Of the applications (provisional, non-provisional and design) filed through your Program this quarter, provide a breakdown of the applicants by gender, ethnicity, race, and/or veteran status according to the groups identified in the table below.
16. List the patent numbers for the patents that issued this quarter [Patent No are formatted X,XXX,XXX. DO NOT LIST patent application numbers which are formatted XX/XXX,XXX]

Requested demographic information of applicants that apply to the Program, applicants that are placed with a practitioner, and applicants that file applications.

|  | <u>Pro Bono Applicants</u> | <u>Applicants Matched</u> | <u>Patent Applications Filed</u> |
|--|----------------------------|---------------------------|----------------------------------|
| <b><u>Sex</u></b>                              |                            |                           |                                  |
| A. Male  |                            |                           |                                  |
| B. Female                                      |                            |                           |                                  |
| C. Did not specify                             |                            |                           |                                  |
| <b><u>Ethnicity</u></b>                        |                            |                           |                                  |
| D. Hispanic, Latino, or Spanish origin         |                            |                           |                                  |
| E. Did not specify                             |                            |                           |                                  |
| <b><u>Race</u></b>                             |                            |                           |                                  |
| F. African American/Black                      |                            |                           |                                  |
| G. White                                       |                            |                           |                                  |
| H. American Indian or Alaska Native            |                            |                           |                                  |
| I. Asian, Pacific Islander, or Native Hawaiian |                            |                           |                                  |
| J. Two or more races                           |                            |                           |                                  |
| K. Did not specify                             |                            |                           |                                  |
| <b><u>Other</u></b>                            |                            |                           |                                  |
| L. Veterans                                    |                            |                           |                                  |

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. Response to this information collection is voluntary; however, the data collected from this survey will be used for planning efforts to ensure that visits to the public search facility are productive and positive experiences. This survey contains 16 questions and the USPTO estimates that it will take approximately 2 hours to complete this survey and submit to USPTO. Any comments on the amount of time you require to complete this survey and/or suggestions for reducing this burden, should be sent to the Chief Administrative Officer, United States Patent and Trademark Office P.O. Box 1450, Alexandria, VA 22313-1450.