

**UNIVERSITY OF CINCINNATI COLLEGE OF LAW**

**Patent and Trademark Clinic (PTC)**  
*Application for Pro Bono Legal Assistance*

**BUSINESS CONTACT INFORMATION**

1. Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Site: \_\_\_\_\_

2. Name of Owner/Contact Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender (please check):  Male  Female

Race/Ethnicity (please check):  White  African-American  Hispanic  Native American

Asian-Pacific Islander  Person of 2 or more races  Other (specify): \_\_\_\_\_

**THE INFORMATION IN THIS APPLICATION REGARDING GENDER AND RACE/ETHNICITY IS USED FOR STATISTICAL PURPOSES ONLY AND IS NOT USED IN ANY WAY WHATSOEVER TO DETERMINE CLIENT ELIGIBILITY FOR SERVICES.**

3. Additional Owners, if any:

a. Name of Owner: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender (please check):  Male  Female

Race/Ethnicity (please check):  White  African-American  Hispanic  Native American

Asian-Pacific Islander  Person of 2 or more races  Other (specify): \_\_\_\_\_

**ATTACH ADDITIONAL PAGES, IF NEEDED, TO INCLUDE THE INFORMATION ON ANY ADDITIONAL OWNERS, AS REQUESTED BY QUESTION 3**

**BACKGROUND OF BUSINESS**

4. Please describe the nature of your business (what products are sold and/or services provided):

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*Please attach a copy of your business plan.*

5. Please check the type of entity under which your business operates: (if you have not yet started business, please go to question 7):

Sole Proprietor     Partnership     Corporation  
 Limited Liability Company     Other Entity

6. When did you start doing business? \_\_\_\_\_

7. Please generally describe the geographic area your business serves or will serve. Specify neighborhood(s), county or counties, regions or states.

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8. How many employees do you currently employ? \_\_\_\_\_

**LEGAL NEEDS**

9. How did you hear about the PTC's services? \_\_\_\_\_
10. Please check areas of legal need you believe need to be addressed by PTC:
- \_\_\_ Patent (Do you need to protect a new inventive product or design?)
  - \_\_\_ Copyright (Do you need to protect creative expression?)
  - \_\_\_ Trademark (Do you need to protect a brand or business name?)
  - \_\_\_ Other (specify): \_\_\_\_\_

Please provide a brief description of your intellectual property matter. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you filed any documents with the U.S. Patent & Trademark Office the Copyright Office related to the subject matter of this application? \_\_\_ Yes \_\_\_ No

If yes, please list the names of the documents and when they were filed:

\_\_\_\_\_

\_\_\_\_\_

11. Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines: \_\_\_\_\_
- \_\_\_\_\_
12. If the issue for which you need legal advice involves other people, organizations, or businesses, please list their names here (e.g., names of parties to a contract or lease, names of copyright holder/trademark owner, etc.): \_\_\_\_\_
- \_\_\_\_\_

13. **Premature public disclosure of your invention can seriously compromise your ability to obtain U.S. and international patent protection.** If you are applying for assistance with obtaining patent protection, please answer the following questions completely, accurately, and carefully:
- (a) Have you ever disclosed your invention to an outside party?  
If so:
    - (b) Please provide the earliest date of disclosure
    - (c) Please describe what was disclosed
  - (d) Please describe the circumstances and reason for the disclosure \_\_\_\_\_
  - (e) Was such disclosure done under a written confidentiality agreement?

**LEGAL NEEDS (cont'd)**

14. Has a lawyer ever worked with your business?

\_\_\_\_\_ Yes    \_\_\_\_\_ No (If "No," please go to question 18).

15. If so, what is the lawyer's name, address and phone number?

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16. Why is she/he no longer representing your business in this matter?

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17. What work did she/he perform?

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18. Did you pay for any of the legal services described above?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

19. Are you currently working with any organization(s) which are providing business assistance/consulting (e.g., SCORE, SBDC, etc.)? \_\_\_\_\_ If so, please list the names of the organizations and their contact information:

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**NOTE: The following two pages (Questions 19-28) ask for financial information needed to determine your eligibility for the services of the PTC. From time to time, the PTC may ask for additional documentation or information verifying the information you have provided. By signing the Authorization to Release Information on the last page of this Application, you are giving permission for the PTC to do so.**

**FINANCIAL INFORMATION FOR FOR-PROFIT BUSINESSES**

The information requested in Questions 19-23 will need to be provided for each owner of a for-profit business in order to determine eligibility for the PTC's services. **For additional owners, please provide such information on a separate attachment.** If your business is a nonprofit organization, please skip these questions and go to Question 25. Please note that the PTC may choose to verify any or all of the information provided by asking for additional documentation and/or information from you or third parties.

20. What is the total annual gross income from all members of your household? \$ \_\_\_\_\_

21. What is your gross annual income? \$ \_\_\_\_\_

22. How many people are in your household (including you): \_\_\_\_\_

23. If your business has existed for more than a year, what are its net income/(loss) figures for its most recent fiscal years (up to 3 years)?

Most recent \$ \_\_\_\_\_ One year ago \$ \_\_\_\_\_ Two years ago \$ \_\_\_\_\_

24. Please indicate below any secured sources of funding for your business, indicating whether each source is in the form of equity or a loan and the approximate amounts from each source:

<u>Equity Funding (no obligation to repay)</u>		<u>Loans (obligation to repay)</u>	
<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
E.g., Jane Doe's Savings	\$3,000	E.g., John Doe	\$2,000
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25. Are there any extenuating financial circumstances we should consider in determining your eligibility for the PTC's services? If so, please describe them. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION FOR NON PROFIT ORGANIZATIONS**

The information requested in Questions 25-28 will need to be provided for a non-profit organization in order to determine eligibility for the PTC's services. If your business is a for-profit organization, please skip these questions and go to Question 29.

26. How much cash does your organization have now? \_\_\_\_\_ Of that amount, approximately how much is available to pay overhead and indirect costs (i.e., non-programming costs)?

\_\_\_\_\_

27. Please indicate below any secured future sources of funding for your organization, indicating whether the source is in the form of grants/donations or loans and the approximate amounts from each source:

<u>Grants/Donations (no obligation to repay)</u>		<u>Loans (obligation to repay)</u>	
<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
E.g., United Way	\$3,000	E.g., John Doe	\$2,000
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. If your organization has existed for more than a year, what are its annual gross revenues for the most recent fiscal years (up to 3 years)?

Most recent \$\_\_\_\_\_ One year ago \$\_\_\_\_\_ Two years ago \$\_\_\_\_\_

29. Do you have a current budget? *If so, please attach.*

**MISCELLANEOUS INFORMATION**

30. Do you have any special needs, such as the use of an interpreter or accommodations for persons with disabilities?

\_\_\_\_\_  
\_\_\_\_\_

**CHECKLIST**

*Please include the following documents. In addition, enclose any other documents that may assist the PTC in assessing your application.*

- \_\_\_\_\_ Copy of business plan
- \_\_\_\_\_ If not a sole proprietor, copies of any organizational documents
- \_\_\_\_\_ If a non-profit, a current budget
- \_\_\_\_\_ Copies of all documents related to the organization's specific legal problems.

**AUTHORIZATION TO RELEASE INFORMATION**

Application Information: I hereby authorize the Patent and Trademark Clinic (the “Clinic”), the University of Cincinnati College of Law, any collaborating organizations, and their respective agents, employees, and representatives to verify, disclose and make copies of any and all information provided in this Application in the course of determining eligibility for pro bono legal services or during the course of legal representation if my case is accepted.

Release: I hereby release any person or entity complying with this Authorization from any and all claims relating to the disclosure of any such information and documents.

Authorization to Release Information to Third Parties: There may be instances in which it may be beneficial for the Clinic to consult with community partners about your business. These partners may include lawyers, the faculty and administrative staff at the University of Cincinnati College of Law, business incubators, clinic consultants, and banks. You authorize the Clinic to release information about your case to such third parties. Also, on occasion, members of the media or press may inquire about the types of clients we represent. You authorize us to share your name with those members, to disclose that you are (or your company is) a client of the Clinic, and to describe the type of services provided to you.

Miscellaneous: A copy of this Authorization shall be as valid as the original. Its terms shall be governed by the laws of the state of Ohio regardless of any conflicts of law principles.

The undersigned hereby certifies that all of the information in this Application is true, correct, and complete, and that he/she is authorized by the above business to submit this Application to the Clinic. The applicant further agrees to notify the Clinic in the event of any material changes to this information and understands and agrees that the Clinic has the right to reject any applicant or withdraw from representing a client that submits an application with inaccurate information. The undersigned further understands that completing this Application or contacting the Clinic does not create an attorney-client relationship with the Clinic. The Clinic will make the determination as to which applicants receive legal services based upon the need of the applicant, the capacity of the Clinic, and the learning experience of the students.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE SEND COMPLETED AND SIGNED APPLICATION AND OTHER REQUESTED DOCUMENTS TO : PATENT AND TRADEMARK CLINIC, UNIVERSITY OF CINCINNATI COLLEGE OF LAW, CLIFTON AVE. & CALHOUN STREET, PO BOX 210040, CINCINNATI, OHIO 45221-0040. EMAIL: PTCCLINIC@UC.EDU. IF QUESTIONS, PLEASE CALL THE CLINIC AT 513-556-2055. AFTER REVIEWING YOUR APPLICATION, THE CLINIC WILL CONTACT YOU REGARDING YOUR ELIGIBILITY FOR SERVICES.**