

DELAIN LAW OFFICE, PLLC PATENT • COPYRIGHT • TRADEMARK INTELLECTUAL PROPERTY • BUSINESS LAW

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NANCY BAUM DELAIN, ESQ., REGISTERED PATENT ATTORNEY

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Please take a few moments to review and fill out the appropriate section(s) of this form before coming to speak with us. This will streamline our discussions and provide us with a clear overview of your invention.

All Information Is Required

Today's Date:		/20	(mm/dd/yyyy forma	at, please	e)	
			tact Informatio Required for All	n		
Company:						
Contact Person: _						
Title:						
<i>7 7 0</i>			organized (Individual,):	•	·	•
-			/			
Physical Address	:					
Phone: ()		Fax:	()	

Contact E-mail:



PATENT:

Invention Information

On what date (specifically) did you conceive of y	your invention?:/
Who was involved in the invention?	
Name:	
Name:	
Name:	
Name:	
Has the invention been built?	
☐ Yes. Date://	□ No.
Has the invention ever been sold or offered for sa	ale?
☐ Yes. Date://	□ No.
Has the invention ever been used in public or des	scribed in a printed publication?
☐ Yes. Date://	□ No.
Do you plan to publicly use or sell the invention	soon?
☐ Yes. Date://	□ No.
Are you aware of any information (e.g., prior pa	atents or printed publications) that may
materially affect the patentability of the describ	ed invention?
☐ Yes. Please describe:	
□ No.	
Do you intend on filing the application in a fore	ign country or internationally?
☐ Yes.	□ No.



☐ Allow to Publish . This option must be selected for all applications where you intend to file in a foreign country or internationally.
□ Request No Publication . This option may only be selected for an application where you intend never to file in a foreign country or internationally.
Invention Description
What is your invention?
What problem(s) has your invention solved?
How did the inventor(s) solve the problem?
What have others done to solve the same problem(s)?
What is the best embodiment or mode of the invention?



TRADEMARK:

Class and Use Information

Describe the goods and	or ser	vices c	over	ed by	the mark:				
Is the mark currently i	n use in	inter	nati	onal (active trade ac	cross natio	nal borde	ers) comn	nerce?
☐ Yes, since	/			-	□ 1	No			
Is the mark currently is commerce?	n use in	inter	rstate	e (with	hin the USA b	etween 2+	states, or	r on the I	nternet)
☐ Yes, since	/			_		No			
Is the mark currently i	n use in	intra	istate	e (wit	hin the bounda	aries of on	e state) co	mmerce!	?
☐ Yes, since	/	/		_	\Box 1	No			
2-letter abbre	viatio	n of t	he s	state v	where the ma	ark is in u	ıse:		_
If all of the above answ	vers ar	e "No,	"wh	oen do	you intend to b	begin usin	g the mar	·k?	
On or before		/		/	in <i>internat</i>	ional con	nmerce.		
On or before		/		/	in <i>interstat</i>	te comme	erce.		
On or before		/		/	in <i>intrastat</i>	te comm	erce.		
How did you develop t	he mar	·k?							

INVENTOR INTAKE QUESTIONNAIRE



Does the name of the mark resemble or is it based on the name of the service or goods that the mark is intended to designate?					
□ Yes	\square No				
If yes, please de	escribe the similarity or basis between the mark and the service or goods:				



COPYRIGHT:

Registration Information

Title of the work to be registered:
Title of series (if applicable):
Is this work a serial work? Yes No
This work is a (check the appropriate box(es))
□ Literary work□ Fiction□ Non-Fiction
\square Musical work (including accompanying materials
☐ Dramatic work (including accompanying music)
☐ Sound recording
☐ Pantomine/choreographic work
☐ Pictorial, graphic, sculptural work ☐ 2-D artwork ☐ 3-D artwork (including sculpture) ☐ Technical drawing ☐ Map ☐ Vessel hull
☐ Motion picture/Other audio-visual work
☐ Architectural work
Is this work published?
☐ Yes: Date of publication: / / ☐ No



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Author's Date of Birth:/ Date of Death:/
Author's Mailing Address:
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Claimant's claim to copyright in the work, and attach a copy of the document checked:
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☐ Other: Please describe:



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By Nancy Baum Delain, Esq.	Date://20			

INVENTOR INTAKE QUESTIONNAIRE

Signature



The above-identified person(s) has(have) received a copy of this Initial Client Consultation Form.			
Signature	Date:	/	
Signature	Date:	/	1
	Date:	/	/