

# Baylor Law.

## Intellectual Property Law & Entrepreneurship Clinic Client Application

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**Client Application**

Date Submitted: \_\_\_\_\_

This application should only be used for the purposes of applying to the Intellectual Property Law & Entrepreneurship Clinic at Baylor Law School. Please attach additional sheets if necessary. Once completed, please email to [iplawclinic@baylor.edu](mailto:iplawclinic@baylor.edu).

### Individual Information

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_ Company: \_\_\_\_\_

**Please list of any additional inventors, partners, or other persons related to the patent or trademark.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Intellectual Property Law & Entrepreneurship Clinic? \_\_\_\_\_

Please indicate the services you are applying for (you can apply for more than one if needed):

Patent Services (inventions): \_\_\_\_\_

Trademark Services (logos/names): \_\_\_\_\_

Copyright Services (books, music, artwork): \_\_\_\_\_

#### NOTE:

- Page 2 (business information) and Page 3 (financial need) are required of all applicants
- Pages 4-5 only need to be filled out if you are applying for patent services
- Pages 6-7 only need to be filled out if you are applying for trademark services
- Page 8 is required of all applicants

**Business Information**

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Do you have a business set up relating to this invention/trademark? Yes \_\_\_\_ No \_\_\_\_

If no, do you intend to set one up? Yes \_\_\_\_ No \_\_\_\_

If yes to either of the foregoing, please provide the following information:

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Nature of Business (e.g. services, products, etc. provided): \_\_\_\_\_

How many employees does the business have? \_\_\_\_\_

Does the business have any partners? Yes \_\_\_\_ No \_\_\_\_

If yes, please list any such partners: \_\_\_\_\_

Does the business have a board of directors? Yes \_\_\_\_ No \_\_\_\_

If yes, please list the members:

Have you or your company entered into any contracts relating to this matter (e.g. licensing agreement, funding or investment agreements, vendor agreements, etc.)? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide further details, including the dates of the contracts:

## **Financial Need**

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The Intellectual Property & Entrepreneurship Clinic provides patent and trademark services *pro bono*. Clients are selected in part based on financial need. Although legal services are free, the client will be responsible for paying for any government fees (e.g. filing, prosecution, etc.) associated with the *pro bono* services provided by the Clinic. The client will pay any fees due in advance in the form of a cashier's check or money order made payable to Baylor Law School.

Can you afford to pay such fees? Yes \_\_\_\_ No \_\_\_\_

NOTE: If you cannot pay for such government fees, we unfortunately cannot provide legal services to you. If you can pay for such fees, please continue filling out this application.

### **To determine eligibility for admission, please complete the following section.**

\*Personal Gross Annual Income: \_\_\_\_\_ For the Year ending 20\_\_\_\_\_

Current monthly expenses: \_\_\_\_\_ Number in Household: \_\_\_\_\_

Source of income: \_\_\_\_\_

Do other sources of income exist in your household (e.g. spouse, etc.)? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate additional Annual Income for Household (not including Personal Gross Annual Income indicated above): \_\_\_\_\_ For the Year ending 20\_\_\_\_\_

Value of all personal assets, if any (e.g. home, vehicles, accounts, 401(k), stocks, etc.): \_\_\_\_\_

Value of all personal debt, if any (e.g. home, vehicles, credit cards, student loans, etc.): \_\_\_\_\_

\*Please note - Once admitted, please be prepared to provide income verification. Income verification could include a copy of the following items:

1. Most recently filed Form 1040, including all Schedules and W-2(s)/1099(s)
2. Two most recent paystubs for all individuals associated with Household income

### **Business Need**

\*Business Gross Annual Income: \_\_\_\_\_ For the Year ending 20\_\_\_\_\_

Current monthly expenses: \_\_\_\_\_

Source of income: \_\_\_\_\_

Value of all business assets, if any (e.g. real estate, vehicles, accounts, computers, etc.): \_\_\_\_\_

Value of all business debt, if any (e.g. real estate, vehicles, credit cards, etc.): \_\_\_\_\_

\*Please note - Once admitted, please be prepared to provide income verification. Income verification could include a copy of the following items:

1. Most recently filed Form 1040, including all Schedules and W-2(s)/1099(s)
2. Two most recent business bank account statements

**Patent Services Information – ONLY fill out if you need patent services**

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Have you filed (or worked on) any patents before? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate the number of patents you have worked with: \_\_\_\_\_

If yes, please indicate the patent numbers associated with you:

Please briefly describe your invention. Do not provide any confidential details, but provide sufficient details so that we can determine if any conflicts exist with current clients.

Have you publicly disclosed your invention? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide date and explain the circumstances (e.g. people involved, location, reason, etc.) surrounding the disclosure:

Have you offered your invention for sale to anyone? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide date and explain the individuals/entities involved:

What technology market(s) will your invention be applicable to?

How will your invention provide/create jobs in Central Texas?

**Trademark Services Information – ONLY fill out if you need trademark services**

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Have you filed (or worked on) any trademarks before? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate the number of trademarks you have worked with: \_\_\_\_\_

If yes, please indicate the trademarks associated with you:

What is the name you are trying to protect? Please indicate whether this is a word or a logo. If a logo, please provide the image of the logo.

What market(s) will your trademark be applicable to? For example, provide the kinds of products and services you use, or plan to use your trademark to offer. Explain which goods or services you are currently using the trademark on, if any, and which you plan to expand into, if any.

Has the proposed mark been actually used on any goods or services that have been sold? If so, please advise where sales have been made and the date(s) of first sale inside and outside of Texas.

If the mark has not been used on any goods or services yet, when do you expect the first use to occur?

Are you aware of any other person or entity who has used this mark or a similar mark previously?

**Further Information**

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Are you willing to be represented by a law student who will be closely monitored by a licensed attorney?

Yes \_\_\_\_ No \_\_\_\_

Has an attorney ever worked with you on this matter? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the attorney's name, address, and telephone number:

Why is the attorney no longer representing you/your business?

Do you or your business have any outstanding actions relating to a pending patent or trademark which you wish the Intellectual Property to respond to? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the filing date(s), serial number(s), and mailing date of the Office Action:

### **Authorization and Affirmation**

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I hereby authorize the Intellectual Property & Entrepreneurship Clinic at Baylor Law School (hereinafter "Clinic") to verify and make copies of any and all information provided in this application, for the purpose of determining eligibility for using the Clinic's services.

I hereby authorize the Clinic to use my name and/or the business name, as well as any public information relating to the invention in any marketing materials for the Clinic. I additionally authorize the Clinic to communicate with me by email.

I agree, as a condition to the Clinic's representation, or continued representation of me, to promptly, fully and accurately provide information requested by the Clinic; to carefully review information or materials provided by the Clinic; and to otherwise reasonably cooperate with the Clinic faculty, staff and students in relation to the matter with which the Clinic may assist or represent me.

By signing, I affirm that all information provided on this form is true and accurate, to the best of my knowledge. I agree that if any of the above information changes, I will notify the Clinic. Further, I understand and agree that the Clinic has the right, at its sole discretion, to reject or withdraw representation.

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

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

Date \_\_\_\_\_