



**UCLA School of Law  
Patent Law Clinic**

**REQUEST FOR REPRESENTATION**

***PLEASE NOTE: SUBMITTING THIS FORM DOES NOT MAKE US YOUR ATTORNEYS***

The elements of the eligibility screening of the USPTO's Pro Bono Program for Law Bar Associations have been adopted by the UCLA Patent Law Clinic. The UCLA Patent Law Clinic gives special preference to prospective clients, who are California residents and businesses, those doing business in California, or whose enterprise has special value or interest to Californians and the State of California. To request pro bono legal services, please print, complete and send this form by scanning to [uspto@law.ucla.edu](mailto:uspto@law.ucla.edu) or mailing to the address below.

**Personal Information**

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

Previously used names: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Business Information**

Business name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Please describe the nature of the business (what do you offer for sale or intend to offer for sale, how do you market or intend to market your goods and services, and how do you realize or intend to realize income?):

Are you currently in business?  Date business started: \_\_\_\_\_

How many people work in your business in any capacity? \_\_\_\_\_

How is your business organized? (*please check one*)  
 Sole proprietorship  partnership  LLC  corporation  other

If a partnership, name all the partners:

If a corporation, name the directors and officers:

If an LLC, what is your title:

State of establishment of the entity:

**Service(s) needed (check all that apply):**

**Patent**  **Other** \_\_\_\_\_

### **Financial or Special Eligibility Information**

Is your gross personal and business income from all sources equal to or less than \$150,000 per year?

If so, please state your business and personal gross incomes for the prior tax year and current year-to date.

#### Business Income and Expense Information

Current year-to-date gross income:

Prior year ending 20\_\_\_\_ gross income:

Current monthly expenses:

Personal Income and Expense information

Current year-to-date gross income:

Prior year ending 20\_\_\_\_ gross income:

Current monthly expenses:

Other Income and Expense Information

Current year-to-date gross income:

Prior year ending 20\_\_\_\_ gross income:

Estimated Value of personal assets, if any (home, vehicles, bank accounts, 401(k), stocks, etc.):

*Amount of all personal debt, if any (home, vehicles, credit cards, etc.):*

*Estimated Value of business assets, if any (real estate, vehicles, bank accounts, computers, etc.):*

*Amount of all business debt, if any (real estate, vehicles, credit cards, etc.):*

**To determine your eligibility for our services, you are required to submit at least one of the following (if applicable):**

- Your most recently filed Form 1040, including all Schedules, or
- Your W-2(s) /1099(s) (*please redact social security or other identifying numbers*), or
- Two most recent paystubs and two most recent personal bank account statements, or
- Two most recent business bank account statements (*please redact account numbers*), or
- A Year-to-date and prior year business financials (profit & loss, balance sheet), or
- A Statement/Declaration of Income and Expense

***When submitting these forms, please ensure that you redact any personally identifiable or other sensitive information such as your social security number, bank account numbers, etc.). UCLA School of Law is not responsible for any personal, sensitive or financial data not explicitly requested as a requirement for this clinic.***

If you intend to establish eligibility other than by means testing, please add a page to discuss the basis for applying (see client eligibility policy).

By signing I affirm that all the above information is true and correct.

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