



ProBoPatSM VOLUNTEER INTEREST FORM

Contact / Firm Information

Last Name		First Name		Middle Initial	
Firm / Company Name					
Firm / Company Street Address					
City	State	Zip	Direct Telephone	/	/
Direct E-mail					
Does your Firm have a Pro Bono Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Pro Bono Coordinator (if known)					
E-mail for Pro Bono Coordinator (if known)					
Will you be performing this work as a member of the Association of Corporate Counsel - Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No					
May we identify you (and your firm affiliation) on our website or blog as being a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Practice Information

In what areas do you practice patent prosecution (check all that apply)? <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Chemical <input type="checkbox"/> Business Methods <input type="checkbox"/> Software <input type="checkbox"/> Biotech <input type="checkbox"/> Other _____	
Are you interested in being paired with another practitioner to handle a ProBoPat case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what is your preference (check all that apply)?	
<input type="checkbox"/> I can mentor others	<input type="checkbox"/> I would prefer to be paired with a private practice / law firm volunteer
<input type="checkbox"/> I can handle a case but not mentor others	
<input type="checkbox"/> I would prefer to have mentoring when I work on a case	
USPTO Registration Number:	
I am a <input type="checkbox"/> Patent Attorney <input type="checkbox"/> Patent Agent	
Are you registered and in good standing to practice before the USPTO? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Malpractice Insurance Certification

Will your pro bono work representing clients in patent matters be covered at all times by a malpractice insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (ACC Colorado members may wish to confirm coverage at http://www.acc.com/chapters/colo/probonooutreach.cfm)
If so, are you able to make this certification on behalf of all patent professionals at your law firm or patent department? <input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer Acknowledgements

By signing below, I confirm that the information provided in this form is true and complete to the best of my knowledge.

Signature:	Date: / /
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