

Intellectual Property & Entrepreneurship Clinic Intake Questionnaire

Full Name: _____

Your Pronouns: _____

Home Address: _____

Email: _____ Phone: _____

1. Are you currently or have you ever been a client of the Clinical Law Program at the University of Maryland Carey School of Law?

Yes No If yes, which clinic? _____

2. Have you formed a company? Yes No

If so, what is the name of the company: _____

In what state was it formed, and when? _____

What type of business entity is it? (corporation, LLC, etc.) _____

If an LLC, who are the members and what percentages of ownership does each member have?

If a corporation:

- who are the shareholders and what percentages of stock does each shareholder own?

- Who are the directors?

■ Who are the Officers?

Company Address: _____

Company Email: _____

Company Phone Number: _____

Please provide a copy of:

LLC Documents – Articles of Organization; Operating Agreement if you have one.

Corporation Documents – Articles of Incorporation, Bylaws

3. Do you have a written business plan?

Yes

No

4. Please generally and briefly describe the nature of the product or service you plan to offer (e.g., medical device, nonprofit serving children, software, etc.).

5. When do you expect to go to market with your product or service?

6. Please describe in general terms how your business is being financed (e.g., self financing, SBIR/STTR, outside investors)

7. What service(s) are you seeking? (select all that apply)

Trademark

Patent

Copyright

Licensing/Other Agreements

Business Entity Selection/Formation

Website Terms of Use and Privacy Policy LLC Operating Agreement

Assistance with updating corporation governing documents

Other: _____

8. If you are seeking assistance with a patent application, have you created a prototype of your invention?

Yes

No

N/A

9. Do you have any relationship with the University System of Maryland and/or the University of Maryland, Baltimore? If so, what is the nature of that relationship (e.g., faculty, staff, student at a USM institution)?

10. How did you learn about the Intellectual Property and Entrepreneurship Clinic?

11. All appointments this semester will occur virtually via Zoom. We will need you to provide your Zoom name, or if you are calling in via telephone, the phone number you will be using for the meeting. This is needed in order to identify you and to allow you entry from the Zoom waiting room we will have in place. When an intake meeting is scheduled, an electronic invitation to the University of Maryland Carey School of Law Zoom meeting will be sent.

Zoom display name/phone number: _____

12. Additional Comments:

Please submit this completed form to nfinch@law.umaryland.edu.

Please Note: The information that you are providing herein is solely for use in assessing your application for legal services. Completing and submitting this form does not mean that you are entering into an attorney-client relationship with the Intellectual Property & Entrepreneurship Clinic or the Clinical Law Program at the University of Maryland Carey School of Law. Please do not include any confidential or proprietary information in

your answers to the questions on this form.