**IP Pro Bono**

**Application for Legal Assistance**

Please give IP Pro Bono a **minimum of 3 weeks' notice** of any hearing date or deadline from the date all of the information needed to assess your case is sent to us (unless there are exceptional circumstances).

IP Pro Bono does not guarantee that it will find you assistance. **The dispute or case, including meeting deadlines in correspondence or court proceedings and attending hearings, remains your responsibility at all times**.

**How to Apply**

Please make your application by entering all relevant information in the shaded boxes on the form. The boxes will expand for you to enter all of the information required for IP Pro Bono to form a judgement about your eligibility for assistance and to assign your case to an appropriate IP professional.

Please send your application by email to: [**office@ipprobono.org.uk**](mailto:office@ipprobono.org.uk)

Please make sure you attach the following documents, including any email correspondence, with your application:

* Details of the relevant IP right e.g. a copy of the patent, registered trade mark, registered design or details of unregistered trade marks, design rights or copyright;
* Letters or opinions from solicitors, barristers, attorneys or other advisers;
* Key correspondence with any other person(s) involved, or their attorneys;
* If seeking help with an appeal, a copy of the judgment being appealed;
* If seeking help about a contract or formal document relating to IP, a full copy of the contract or document.

IP Pro Bono needs sufficient documents in order to make a decision as to whether it can assist you with your case. Please send scanned copies of original documents. IP Pro Bono cannot accept any responsibility for original documents and can only process documents which are received electronically.

We aim to acknowledge all applications with 7 working days.

Please put your documents in date order and provide a list of them at the front.

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| **Section 1: About You** |

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| --- | --- | --- | --- | --- | --- |
| Title: |  | First Name: |  | Surname: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Email: |  |

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| --- | --- |
| Telephone: |  |

*Please note, IP Pro Bono will communicate by email or telephone. Please check your spam folder if you have one and add ipprobono.co.uk to your ‘safe senders’ list.*

|  |  |  |
| --- | --- | --- |
| Are you making this application as an individual or on behalf of a business? *If on behalf of a business, please provide the name of the business and the contact details (if different from above):* | Individual | Business |

|  |  |
| --- | --- |
| Business name: |  |

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| Address: |  |

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| Telephone: |  |

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| **Section 2: Other Assistance You Have Applied For Or You Have Received** |

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| 1. Have you made any other applications for pro bono assistance? | Yes | No |

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| *If yes, please specify which organisation(s) you have applied to together with details of the date of the approach, and what the response was.* |
|  |

***Please note:*** *The Data Protection Notice at the end of this form states, amongst other things, that in signing this form you consent to us contacting other free advice organisations regarding your case, where it is appropriate.*

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| 1. Are you currently receiving, or have you previously received, help from any other advice agency or attorney not identified elsewhere on this form? | Yes | No |

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| *If yes, please give details below of all who have been involved in the case. Please continue on a separate sheet if necessary:* |

|  |  |
| --- | --- |
| Organisation name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Telephone number: |  |

|  |  |
| --- | --- |
| Contact/attorney name: |  |

|  |  |
| --- | --- |
| Direct telephone number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email address: |  | | | |
|  |  | | | |
| Dates of involvement: | From: |  | To: |  |

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| On what basis was assistance provided? *Please indicate below*: |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Voluntary |  | 1. Pro Bono (free) |  |
| 1. Public funding or legal help   *(please provide a copy of the agreement or contract)* |  | 1. Conditional Fee (no win no fee)   *(please provide a copy of the agreement or contract)* |  |
| 1. Privately   *(please provide a copy of the agreement or contract)* |  | 1. Other   *(please state below)* |  |
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| **Section 3: UK Intellectual Property Office (UKIPO) and Courts** |

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| 1. Is the UKIPO, the Appointed Person or a Court involved in your case? | Yes | No |

If yes:

|  |  |
| --- | --- |
| Name of Court:  *(if relevant)* |  |

|  |  |
| --- | --- |
| Hearing date:  *(if set)* |  |

|  |  |
| --- | --- |
| Length of Hearing:  *(if known)* |  |

Please add any further information if appropriate:

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| 1. Are there any deadlines relating to your case? *If yes,*   *please specify the date(s) and what is required by the*  *deadline*: | Yes | No |

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| **Section 4: The Other Party** |

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| 1. Please provide the name and the contact details of the other party in this dispute: |

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| --- | --- | --- | --- | --- | --- |
| Title: |  | First Name: |  | Surname: |  |

|  |  |
| --- | --- |
| Address: |  |

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| --- | --- |
| Email: |  |

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| --- | --- |
| Telephone: |  |

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| Is the other party an individual or a business? *If a business, please provide the name of the business and the contact details (if different from above):* | Individual | Business |

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| --- | --- |
| Business name: |  |

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| --- | --- |
| Address: |  |

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| Telephone: |  |

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| 1. Please provide the contact details of the attorney or lawyer acting on behalf of the other party   (if known): |

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| --- | --- |
| Organisation name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Telephone number: |  |

|  |  |
| --- | --- |
| Contact/attorney name: |  |

|  |  |
| --- | --- |
| Direct telephone number: |  |

|  |  |
| --- | --- |
| Email address: |  |

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| 1. If there is more than one party, please provide additional details here: |

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| **Section 5: Assistance sought** |

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| 1. Please identify the assistance you would like from IP Pro Bono: |

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| --- | --- | --- | --- | --- | --- |
| 1. Advice |  | 1. Drafting of documents |  | 1. Representation at UKIPO/Appointed Person/Court Hearing |  |

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| **Section 6: Case summary** |

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| 1. Please provide a brief summary of your case, including:  * Full details of the relevant IP right:   + If your application relates to a patent, please state the registration number, the title of the patent and details of the owner.   + If your application relates to a trade mark, please identify the mark, details of the owner, whether or not it is registered (include registration number), date of registration or first use and frequency of use.   + If your application relates to a design, please identify the design, details of the owner and/or creator, whether or not it is registered (include registration number), date of registration or date of creation and date of first sale (if applicable).   + If your application relates to copyright, please identify the work, details of the owner and/or author, date of creation, when it was first disclosed and date of first sale (if applicable). * What you want us to help with, and * A list of key dates/events up to the present in the order they happened.   **This is a very important section.**  Please include all key dates and give details of any past court hearings.  **It is not enough just to write 'Please see attached papers'.** |

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| **Section 7: Eligibility** |

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| 1. Please indicate how you meet the financial eligibility criteria: |

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| --- | --- |
| 1. I am an individual applicant and enclose evidence that my annual income is below the £45,000 threshold. |  |

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| --- | --- |
| 1. I am applying on behalf of a business and enclose evidence that the annual turnover is below the £100,000 threshold. |  |

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| 1. Do you have legal expenses insurance (this includes any provisions in home and contents insurance)?   *If yes, please supply a copy of your insurance policy.* | Yes | No |

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| **Section 8: Further information** |

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| 1. Please set out below any further information as to why you feel unable to pay for legal help (if applicable): |

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| **Section 8: Data protection** |

IP Pro Bono will process information about you and your case to assess, administer and review the application, and any future application. Processing may include disclosing information to and receiving information from, under suitable obligations of confidence, third parties such as advice agencies, voluntary organisations, courts, the Legal Aid Agency, legal expense insurers, and legal advisers. If an attorney is provided we will receive a report of the outcome of your case, including a record of any advice or hearing. Unless we are asked not to, we may also produce an anonymised report of your case, for example, in the IP Pro Bono newsletter. By submitting this application you confirm that you consent to the above processing of your information.

In some cases, IP Pro Bono may need to discuss details of your case with LawWorks, ILEX Pro Bono Forum, the Bar Pro Bon Unit, or another charity giving pro bono help. Pease tick this box if

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| you would prefer us not to discuss the case with these charitable organisations. |  |

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| **Section 9: Statement of truth** |

I certify that the information in this application is, to the best of my knowledge, true, accurate and complete, and I understand that any decision to refer a case to a volunteer attorney for assistance is taken on that basis. I understand that assistance is not guaranteed at any stage.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  |  |  |
|  |  |  |  |
| Name: |  |  |  |
|  |  |  |  |
| Relationship to the applicant (if not the applicant): | |  | |

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| **Section 10: Equal opportunities monitoring form** |

IP Pro Bono aims to assist in cases irrespective of age, race, gender, sexual orientation, disability, physical appearance and religion. In order to help us monitor the effectiveness of our equal opportunities policy, we ask all applicants to provide the information indicated below. This information will only be used for monitoring and statistical purposes.

***This section will be detached from the application form, and will not be accessible by our volunteer case officers.***

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| --- | --- | --- | --- | --- | --- |
| 1. **Gender** | | | | | |
|  | | | | | |
| Male |  | Female |  | Prefer not to say |  |

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| --- | --- | --- | --- | --- | --- |
| 1. **Are you married or in a civil partnership?** | | | | | |
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| Yes |  | No |  | Prefer not to say |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Age** | | | | | | | |
|  | | | | | | | |
| 16 – 24 |  | 25 – 29 |  | 30 – 34 |  | 35 – 39 |  |
| 40 – 44 |  | 45 – 49 |  | 50 – 54 |  | 55 – 59 |  |
| 60 – 64 |  | 65 + |  |  | Prefer not to say | |  |

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| 1. **Ethnicity** | | | | | | | |
| What is your ethnicity?  *Ethnic origin is not about nationality, place of birth or citizenship. It is about the ethnic group to which you perceive you belong. Please tick the appropriate box.* | | | | | | | |
|  | | | | | | | |
| I prefer not to answer this question | | | |  | | | |
|  | | | | | | | |
| **White** | | | | | | | |
| English |  | | Welsh | |  | Scottish |  |
| Northern Irish |  | | Irish | |  | British |  |
| Other (please State): | |  | | | |  | |
|  | | | | | | | |
| **Mixed/multiple ethnic groups** | | | | | | | |
| White and Black Caribbean |  | | White and Black African | |  | White and Asian |  |
| Other (please State): | |  | | | |  | |
|  | | | | | | | |
| **Asian/Asian British** | | | | | | | |
| Indian |  | | Pakistani | |  | Bangladeshi |  |
| Chinese |  | | British Asian | |  |  |  |
| Other (please State): | |  | | | |  | |
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| --- | --- | --- | --- | --- | --- | --- |
| **Black/African/Caribbean/Black British** | | | | | | |
| African |  | | Caribbean |  | Black British |  |
| Other (please State): | |  | | |  | |
|  | | | | | | |
| **Arab** | | | | | | |
| Arab |  | |  |  |  |  |
| Other (please State): | |  | | |  | |
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| **Other** | | | | | | |
| Other (please State): | |  | | |  | |

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| 1. **Do you consider yourself to have a disability?** | | | | | |
|  | | | | | |
| Yes |  | No |  | Prefer not to say |  |

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| If yes and if you feel able to, please share the nature of your disability with IP Pro Bono and any adjustments that could be made to enable your case to be handled more effectively. |

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| 1. **Religion or belief** | | | | | | |
|  | | | | | | |
| Buddhist |  | | Christian |  | Hindu |  |
| Jewish |  | | Muslim |  | Sikh |  |
|  |  | |  |  | Prefer not to say |  |
| Other (please State): | |  | | |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Sexual orientation** | | | | | | |
|  | | | | | | |
| Heterosexual |  | | Lesbian or gay woman |  | Gay man |  |
| Bisexual |  | |  |  | Prefer not to say |  |
| Other (please State): | |  | | |  | |