Inventor Disclosure Form

Privileged Document - Not Discoverable

Please fill out this form as best you can. Not all fields are required, but please try and fill out as many as possible. This document will serve as a record of your invention’s conception date and provide information essential to conducting a Novelty Search and to drafting a properly formed patent application claiming your invention.

Upon completion of this form, please send it and all accompanying documentation to me by e-mail, fax, or courier.

1. TITLE OF INVENTION
The title should describe what the invention does, but not how it is made or how it works.

2. SEARCH TERMS (up to 10)
Online databases are used extensively to search for relevant art. Please provide a short list of words, common industry phrases and/or categories to facilitate the search.

3. BRIEF OVERVIEW OF THE INVENTION (3-4 paragraphs)
   a) Please provide a short, general, layperson’s overview of the invention and how it works.
   b) What is the purpose of the invention? For example, what problem does it solve?
   c) Is it a new product, process, or composition of matter? Or is it a new use for, or improvement of, an existing product, process or composition of matter?
   d) What are the features and benefits of the invention?

Page 1 of 3

Inventor Disclosure Form – This document is privileged. If you have received this document in error, please destroy all copies and contact Michael Feigin at (973)685-5280 or michael@PatentLawNY.com immediately.
4. TECHNICAL DESCRIPTION, DETAILS AND SUPPORTING DATA
Provide results, data or other evidence demonstrating how the invention works. Any papers or visual material that you may already have, published or unpublished, can be attached as answer to this question.

5. PRIOR METHODS, APPARATUS, DEVELOPMENTS AND PUBLICATIONS
   a) Provide a complete description of the closest known methods or apparatus in existence and the disadvantages or problems of each that are solved by the present invention.
   b) Cite any of your own publications and patents, and those of anyone else believed by you to disclose ideas most closely related to the invention.
   Please attach all relevant publications, patents, advertisements, etc., if available.

6. STAGE OF DEVELOPMENT (2-3 paragraphs)
Describe the development status (concept only, laboratory tested, prototype, etc.) of the invention, and briefly indicate what further development may be necessary to commercialize it.

7. POTENTIAL LICENSEES
Identify companies that you think could benefit from the use of this technology.
8. PUBLICATIONS/PRESENTATIONS/AND OTHER FORMS OF PUBLIC COMMUNICATION (DISCLOSURE)
Please identify all past and future seminars, talks, abstracts, publications, and web postings describing the invention. These may affect the scope of patent protection and the timing of filing.

Details about the Disclosure | Date(s)
---------------------------------|------------------

9. DATES OF CONCEPTION AND REDUCTION TO PRACTICE
It is important for us to document these dates, should any challenges to the patent ever arise. Conception is the formulation in the mind of the inventors of the ultimate working invention. Reduction to practice can be accomplished either “actually” or “constructively.” Actual reduction to practice is the physical creation of the invention. Constructive reduction to practice is a detailed written description demonstrating that the invention will work as conceived. Describe the circumstances and dates surrounding development of your invention:

Details | Date
-----------------|------------------
Conception of invention. Is this date documented in writing? If so, where?

First reduction to practice

12. INVENTORS
List all those who helped contribute to the conception of the working invention.

INVENTOR: ____________ HOME ADDRESS: __________________________
PHONE: __________________

INVENTOR: ____________ HOME ADDRESS: __________________________
PHONE: __________________

INVENTOR: ____________ HOME ADDRESS: __________________________
PHONE: __________________

INVENTOR: ____________ HOME ADDRESS: __________________________
PHONE: __________________

INVENTOR: ____________ HOME ADDRESS: __________________________
PHONE: __________________

INVENTOR: ____________ HOME ADDRESS: __________________________
PHONE: __________________

NAME OF INVENTOR FILLING OUT FORM: ________________________
SIGNATURE: ________________________ DATE: ___________