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INVENTION QUESTIONNAIRE

Please fill out the enclosed questionnaire. Please attach any additional pages or drawings. E-mail all documents to attorney@patentstrademarklaw.com or fax them to the number provided above.

Client Name:
Address:
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Invention Description

1. Please provide the title of the invention:
2. Please provide a brief description of the invention:

3. Please describe or outline what problems are solved by this invention:

4. Please describe the goals of the invention:

5. Please describe any existing technology that is similar to your invention or attempts to solve the same problems:

6. Please describe the improvements of your invention over this existing technology:

Inventor Information

8. Please list the following information for all inventors of this invention:

(An inventor is any individual that contributed to the conception of the invention)

If there are more than four (4) inventors please attach additional sheets.

Inventor #1

Name: _____

**Residential
Address:** _____

**City, State and
Zip of Residence:** _____

Citizenship: _____

Inventor #2

Name: _____

**Residential
Address:** _____

**City, State and
Zip of Residence:** _____

Citizenship: _____

Inventor #3

Name: _____

**Residential
Address:** _____

**City, State and
Zip of Residence:** _____

Citizenship: _____

Inventor #4

Name: _____

**Residential
Address:** _____

**City, State and
Zip of Residence:** _____

Citizenship: _____

Previously Filed Patent Applications

12. Please indicate whether the patent application is to claim priority to any previously filed U.S., foreign or international patent applications.

(Please identify **each** previous application by serial number and filing date)
