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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:
City:
State:
Zip:
Phone:
Fax:
E-mail:

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:**

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**4. Please describe the goals of the invention:**

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

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

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## **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)

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