

LEAP PRACTITIONER VERIFICATION FORM AND REQUEST FOR ORAL HEARING PARTICIPATION

On behalf of _____,

requests to participate in the oral hearing in
on its scheduled date, as noted below.

Pursuant to 28 U.S.C. § 1746, I, _____, certify that I am eligible to participate in the Legal Experience and Advancement Program (LEAP) program. I have three or fewer substantive oral hearing arguments before federal tribunals, including PTAB, and seven or fewer years since first licensure as an attorney or patent agent.

I certify/verify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Hearing Information

Requesting Party:

Appeal/Case/Control Number:

Hearing Date (mm/dd/yyyy):

LEAP Practitioner Contact Information

LEAP Practitioner Name:

Firm Name:

Street Address 1:

Street Address 2:

City:

State/Province:

Zip/Postal Code:

Country:

Phone Number:

Email:

Date:

(Signature)

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