

PO BOX 251402 West Bloomfield, MI 48325

Tel. (248) 973 – 7529 Fax. (248) 636 – 4936 inquiries@swashlawoffice.com

Trademark Evaluation Form

The purpose of the evaluation is for the attorney to advise you, the *prospective* client and to explain what the minimum fees will be. *The purpose is not to render a definitive legal opinion* because it might not be possible to adequately assess your issue with the information or documents that you provide. Additionally, there is a **\$75.00** evaluation fee that **MUST** be paid before your mark is evaluated.

One of three outcomes is possible following your evaluation.

- 1. You and the Attorney mutually agree to the terms of representation, or
- 2. The Attorney declines representation, or
- 3. You decide not to use the services of the Attorney.

Please answer the following questions so we may understand your mark. Your responses are protected by attorney/client privilege and will be held in strict confidence. Please **type** response.

name:		
Last	First	
Business Phone:	Cell/Other Phone:	
Email:		
	_	
Preferred method of contact: □ Phone En	nail Text Message Mail	
Requested Mark:		
Type of Mark requested (standard word mark, logo, etc)		
Currently using the mark? □ Yes □ No		
If yes, when was your first date of use?		
Have you applied for a Foreign Trademark? \Box Ves \Box No		

What type of product(s) will the mark be associated with (either as a label or packaging) and/or what services will the mark be used to advertise? If you are intending to use the logo/trademark on more than one type of goods or services, please sure to specify:		
What are the products' closest competitors?		
Are you aware of any similar marks?		
How did you come up with the mark?		

Your Name (or business name):		
Business Type:		
Address:		
Street:		
City:	State:	
ZIP:	County:	
Are we the first attorneys you have consulted regarding this matter? Yes $\ \square$ No $\ \square$ If NO , why didn't you hire their services?		
How did you learn of our office?		
PLEASE READ CAREFULLY & Sign Below Following your evaluation, if you agree to hire the represent you, you will both sign an Agreement for FR Representation will set forth the terms and condition	Representation. The Agreement for us of representation.	
NOTICE: This office does not represent you with regard to the matter set forth by you in this information sheet or discussed during our consultation, emails, or telephone calls <u>unless and until</u> , both you and the Attorney execute a written Agreement for Representation AND a <u>retainer fee is paid</u> .		
Your signature acknowledges <u>only</u> that you received a copy of this completed information sheet and does not mean you have hired the Attorney.		
Signature:	Date:	