

# How to Submit Inventions to Docie Marketing

Invention projects are initially judged by three broad criteria:

- 1) does the invention serve society in a meaningful way?,
- 2) does the invention meet with broad appeal, or does it have a tremendous opportunity for profitability, and,
- 3) does the inventor have adequate discretionary financial reserves to pay for the cost of performing market research, patenting and other such costs that may be required of the project?

If the answer to these three questions is yes, then the project will be further considered for acceptance. Question 3) is mute if your project is considered for commission-only.

First, we want to see basic information about your invention. Then, if we have further interest we will contact you with a request for more information. We initially want to understand:

- a) what your invention is?
- b) how it is useful?
- c) how it is better?
- d) its potential applications?
- e) your proprietary (patent) position?

## **PATENTED INVENTIONS, send:**

- 1) A copy of your patent
- 2) Descriptive material, drawings, photos, hand sketches, etc., if necessary.
- 3) One page outlining special features, advantages, applications, etc., if necessary.

## **UNPATENTED INVENTIONS, send:**

- 1) Same information as for Patented inventions, only w/o patent
- 2) Explain your proprietary status, i.e., type of patent pending, status of any patent application, name of patent attorney/agent, etc.

## **In general:**

- \* Also send copies of relevant patents (prior art) found in your patent/prior art search, if convenient.
- \* We do not accept multiple invention submissions by invention title only. Please send a one-page description outlining the advantages, features, benefits, and at least a hand-sketched drawing of each individual invention.
- \* **SEND NO PROTOTYPES, UNLESS SPECIFICALLY REQUESTED.**  
Docie Marketing will not assume responsibility for one-of-a-kind items.
- \* Please do not send e-mail attachments without an OK verification from us first. Also, referring to your website is not a replacement for sending a hard copy of the above information. Sometimes compatibility glitches cause delays.
- \* We will maintain the information you sent us on file for at least six months and thereafter we reserve the right to destroy the information. If you wish us to return your submitted material un-copied, please send a self-addressed, stamped envelope or container and we will return it to you immediately.

Please send the following information to:

**Docie Marketing** Phone: 740-594-5200  
**73 Maplewood Dr.**  
**Athens, OH 45701-1910**

**Please DO NOT FAX information unless requested by us to do so. USE MAIL OR OTHER CARRIER ONLY, and waive any requirement for our signature!**

**Docie Marketing<sup>TM</sup>**  
73 Maplewood Drive  
Athens, Ohio 45701-1910  
USA

Ph: (740) 594-5200

E-Mail: [docie@docie.com](mailto:docie@docie.com)

Web: <http://docie.com>

**Questionnaire**  
(Optional)

The questions on this form were developed after years of experience working with inventors. They are meant to help us to better help you. We appreciate you taking the time to answer them.

If you have any questions, comments, or suggestions, please contact us at Docie Marketing, phone (740) 594-5200. Thank you.

**Please fill out by hand writing,**  
**or type answers in BOLD.**

Date \_\_\_\_\_

Name \_\_\_\_\_

Company/Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Title of Your Invention: \_\_\_\_\_

Please fill out this form to the best of your ability with the information you have at hand. If you are not sure about an answer or cannot immediately locate the information, please leave it blank. You may contact us later if you discover the missing information.

Do you have a Homepage with information about your invention? Yes \_\_\_ No \_\_\_

If yes, what is the URL? \_\_\_\_\_

(This is not a substitute to completing this questionnaire.)

How or from whom did you learn about Docie Marketing? \_\_\_\_\_

\_\_\_\_\_

**Section A. Your Rights**

I am the sole inventor of this invention: Yes \_\_\_ No \_\_\_ If No, answer the following:

I am a co-inventor with the following individuals: (OPTIONAL: If their rights have not been assigned to you, list their phone or address, and indicate the nature of their involvement).

Was this invention developed at your place of employment? Yes \_\_\_ No \_\_\_  
Did you use your employer's resources to develop your invention? Yes \_\_\_ No \_\_\_  
Do you have an employment contract addressing intellectual property? Yes \_\_\_ No \_\_\_

If yes to any of these 3 questions, list employer (optional): \_\_\_\_\_

**PRIOR ART SEARCH:**

Patent search performed for the US? Yes \_\_\_ No \_\_\_. International? Yes \_\_\_ No \_\_\_

Did you receive a Patentability Opinion Letter? Yes \_\_\_ No \_\_\_

Name/Ph.# and address of Patent Attorney/Agent \_\_\_\_\_

\_\_\_\_\_

**Please send us a copy of all patents (or at least the front cover page) that were found in your patent search, and a copy of your patent attorney's patentability opinion letter.**

**FOR UNPATENTED IDEAS:**

Has a written description of your invention been witnessed and signed by an unrelated third party?  
Yes \_\_\_ No \_\_\_

Have you filed a Document Disclosure with the U.S. Patent and Trademark Office? Yes \_\_\_ No \_\_\_

Date on which the invention was first offered for sale: \_\_\_\_\_. Not offered \_\_\_\_\_

Date on which you first began using the invention for your own benefit (except for experimental purpose):

Date: \_\_\_\_\_ Not used \_\_\_\_\_

Has your invention been publicly disclosed (in publications, press releases, articles, advertising, etc.)? Yes \_\_\_ No \_\_\_ . If yes, first date \_\_\_\_\_ How disclosed? \_\_\_\_\_

\_\_\_\_\_

Patent Pending? Yes \_\_\_ No \_\_\_ Type? Utility \_\_\_\_\_ Design \_\_\_\_\_ Provisional \_\_\_\_\_

Not Patentable \_\_\_\_\_

Would you like help to find the right patent attorney or agent to assist you in the future: Yes \_\_\_ No \_\_\_

**FOR PATENTED INVENTIONS:**

US Patent No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ (Include a copy)

Has a foreign Patent Cooperation Treaty application been filed? Yes \_\_\_ No \_\_\_

List foreign patents by country, indicate: pending or issued. \_\_\_\_\_

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Have patent rights been assigned to you? Yes \_\_\_ No \_\_\_

Has assignment been recorded in the US Patent & Trademark Office? Yes \_\_\_ No \_\_\_

Other Patents issued to inventor: \_\_\_\_\_

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Was a copyright registered? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_

Trademark filed? Yes \_\_\_ No \_\_\_ Trademark Issued on this date, \_\_\_\_\_

Are you satisfied with the professional who has been helping you with patent matters: Yes \_\_\_ No \_\_\_

**Section B. Invention Description** (use separate sheet, if needed)

Briefly Describe Your Invention - (what it does). Include other descriptive materials, copy of patent, etc.

How is your invention better than existing products or technology? \_\_\_\_\_

List any disadvantages to your invention. \_\_\_\_\_

What additional development work is required?

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Describe the various applications for your invention, how would it be used? \_\_\_\_\_

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Who would use your invention? \_\_\_\_\_

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Who would sell your invention? List the various markets you have identified, and their size.

List companies you have identified that may be interested in manufacturing and/or marketing your invention:

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List competitive products/technologies, and other similar products/technologies on the market: (product name, and manufacturer if known) \_\_\_\_\_

Expected manufacturing cost, if known? \$ \_\_\_\_\_ Not Determined \_\_\_\_\_

Projected sales price? \_\_\_\_\_ Anticipated Annual Sales \$ \_\_\_\_\_

Were their previous manufacturing or marketing efforts? Yes \_\_\_ No \_\_\_

By whom? \_\_\_\_\_

Were these efforts discontinued? Why? \_\_\_\_\_

What other design modifications have you considered? \_\_\_\_\_

What information is available? (check all appropriate spaces):

Written description \_\_\_\_\_ Drawing \_\_\_\_\_ Photos \_\_\_\_\_ Video \_\_\_\_\_ Prototype \_\_\_\_\_

Working Model \_\_\_\_\_ How Many? \_\_\_\_\_ Product Testing performed? Yes \_\_\_ No \_\_\_

By Whom? \_\_\_\_\_

**\* DO NOT SEND PROTOTYPES OR WORKING MODELS UNLESS SPECIFICALLY REQUESTED\***  
Samples of products in production are acceptable.

### **Section C. Market History**

Have you enlisted any other invention brokerage companies, agents, or evaluation services to help you with this project? Yes \_\_\_ No \_\_\_ Whom? \_\_\_\_\_

Does any other invention brokerage company currently have rights to your invention or would they be owed a commission on any money paid to you for your invention? Yes \_\_\_ No \_\_\_

On a separate sheet, please list the companies that you have approached about this invention. Include the company name and address and the name of the person contacted. Also, please indicate if you signed their disclosure agreement or if they signed yours and include a copy. What information did you send them?

Include copies of any correspondence received from companies who have reviewed your invention.

**Section D. Inventor's Background** (Optional) Knowing your personal background helps us make recommendations that align with your objectives.

What is your current employment? \_\_\_\_\_

Do you presently operate your own business? \_\_\_\_\_ If yes, type of business: \_\_\_\_\_

Size and scope of business: \_\_\_\_\_

Have you ever operated your own business? \_\_\_\_\_ If yes, type of business: \_\_\_\_\_

Please give us a brief description of your educational background and professional training.

\_\_\_\_\_

Papers and Publications by the Inventor \_\_\_\_\_

\_\_\_\_\_

How did you come up with your invention? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section E. Inventor's Objectives/Projections

My Personal Preferences are: (check all those that apply, in order of preference, 1,2,3, etc.)

- \_\_\_\_\_ Receive only a lump sum cash payment for my invention, or
- \_\_\_\_\_ Receive higher long range royalty income, or
- \_\_\_\_\_ Receive a combination of up-front payment plus royalties, or
- \_\_\_\_\_ To make it available for others to benefit from, and receive whatever is offered to me
- \_\_\_\_\_ To generate additional sales for my existing business
- \_\_\_\_\_ To use the commercialization of my invention as a stepping-stone for additional projects
- \_\_\_\_\_ I wish only to sell my invention outright to a company
- \_\_\_\_\_ I would like to find a company that will manufacturer and market my invention
- \_\_\_\_\_ I want to start a company to produce my invention; I am seeking financial contributors
- \_\_\_\_\_ I wish to manufacture my invention myself and find a company to market it
- \_\_\_\_\_ I wish to market my invention myself and find a company to manufacture it
- \_\_\_\_\_ Don't confuse me, I'll just do whatever it takes

Describe:

(1) How long you have been working on this project? \_\_\_\_\_

(2) Estimate of the hours you have spent on it \_\_\_\_\_ hrs.

(3) Estimate of the amount of money you have spent on the development of this invention: \$ \_\_\_\_\_,

What do you think the rights to your invention are worth? Range: \$\_\_\_\_,\_\_\_\_,\_\_\_\_ to \$\_\_\_\_,\_\_\_\_,\_\_\_\_

If found to be commercially viable, how much of your own financial resources are you willing to invest in

this project? \$\_\_\_\_\_ to \$\_\_\_\_\_

How much of your time would you want to spend on this project on an on-going basis, and doing what? \_\_\_\_\_  
days/month \_\_\_\_\_

Have you successfully produced or marketed any other invention? Yes \_\_\_\_ No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

What other inventions do you have on the drawing board? \_\_\_\_\_

\_\_\_\_\_

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Which of these will be ready for further consideration in the near future? \_\_\_\_\_

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If an agent or broker were to help you accomplish everything you want, please list your preferences:

I would be willing to pay an agent the following commission from the proceeds I receive:

Up to 5% \_\_\_\_ Up to 10% \_\_\_\_ Up to 25% \_\_\_\_ Up to 33% \_\_\_\_ Up to 50% \_\_\_\_ Over 50% \_\_\_\_

\_\_\_\_ I would want to only pay a fee for services and pay no commissions

\_\_\_\_ I would consider paying a small fee to help lower the commission schedule

\_\_\_\_ I will only consider offering commission-only for this type of service

Use this area to make additional comments, concerns, or questions for our researchers to consider. Attach additional pages, if necessary.

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**Checklist for your use:**

**And our use:**

<u>Date</u>	<u>Description:</u>	
Sent: ____	Patents from Search _____	____ rec'd
____	Patentability Opinion _____	____ rec'd
____	Patent(s) _____	____ rec'd
____	Assignment(s) _____	____ rec'd
____	Trademark(s) _____	____ rec'd
____	Written Description _____	____ rec'd
____	Photos/Video _____	____ rec'd
____	Publications/Advertisements _____	____ rec'd
____	List of Companies found or contacted _____	____ rec'd
____	Correspondence/Signed Disclosure Agreements _____	____ rec'd