

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.

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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