

| Investigation Intake Request Form |
|---|
| Date: |
| Client Company Name: |
| Client Primary Contact: |
| Phone / E-mail: |
| Client Reference # (or IP Owner Represented): |
| Additional Persons to Copy on E-mail: |
| Type: <input type="checkbox"/> Trademark Use <input type="checkbox"/> Evidentiary Purchase <input type="checkbox"/> Background <input type="checkbox"/> Locate/Identify <input type="checkbox"/> IP Acquisition <input type="checkbox"/> Infringement <input type="checkbox"/> Other (describe): |
| Subject Entity/Individual for Investigation: |
| Client Objective(s): |
| Case Background and/or History with Subject: |
| Initial Research Conducted (if any): |
| May we contact subject (as appropriate) in course of investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Budget: \$ |
| Upcoming Deadlines or Need Answers by Date: |
| Additional Notes: |

Please e-mail the completed form to tdt@vaudra.com. Thank you for the opportunity.