

# **THE POCKET LAWYER<sup>®</sup>**

## **Document Preparation Service**

### **/// Workbook ///**

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✍️ “We Help You Help Yourself” ✍️

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**PART “A”**

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# **THE POCKET LAWYER®**

## *Document Preparation Service Workbook*

**“Self-Help” Series**

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# The **POCKET LAWYER**<sup>®</sup> Document Preparation Service

## Copyright Registration Client Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. Today's date \_\_\_\_\_  
 If more space is needed, use the space below or attach blank pages.

1	<b>CONTACT INFORMATION</b>							
2	Contact Name							
3	Contact Address							
4	Phone	Phone #2						
5	Fax	e-mail						
6	<b>LITERARY WORK INFORMATION</b> <i>(This identifies the published or unpublished nondramatic literary work)</i>							
7	Title of this work							
8	Select the category that best represents the majority of your work: <input type="checkbox"/> website; online works <input type="checkbox"/> computer programs <input type="checkbox"/> written materials; books; articles <input type="checkbox"/> sound recordings <input type="checkbox"/> musical compositions <input type="checkbox"/> photography <input type="checkbox"/> visual arts; graphics <input type="checkbox"/> performing arts; screenplays <input type="checkbox"/> technical works							
9	Previous or alternative titles							
10	Publication as a Contribution (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared) Title of Collective work:							
11	If published in a periodical or serial give: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Volume</td> <td style="width: 25%;">Number</td> <td style="width: 25%;">Issue date</td> <td style="width: 25%;">On pages</td> </tr> </table>				Volume	Number	Issue date	On pages
Volume	Number	Issue date	On pages					
12	<b>AUTHOR INFORMATION</b>							
13	Name of <u>First</u> Author		Dates of Birth and Death					
		Year Born:	Year Died:					
14	Current Street Address							
15	City	County	State	Zip				
16	Mailing address (if different) Street/ PO							
17	City	County	State	Zip				
18	Authors Nationality or Domicile: <input type="checkbox"/> Citizen of (Name of Country) <input type="checkbox"/> Domiciled in (Name of Country)							
19	Was this contribution to the work a "work made for hire? <input type="checkbox"/> YES <input type="checkbox"/> NO							
20	Was this Author's contribution to the work: <u>Anonymous</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>Pseudonymous</u> <input type="checkbox"/> YES <input type="checkbox"/> NO							

Copyright Registration Client Questionnaire (continued)				
21	Nature of Authorship: Briefly describe nature of material created by this author in which copyright is claimed:			
<b>If additional space is needed, number and insert below.</b>				
22	Name of <u>Second</u> Author		Dates of Birth and Death Year Born:                      Year Died:	
23	Current Street Address			
24	City	County	State	Zip
25	Mailing Address (if different) Street/ PO			
26	City	County	State	Zip
27	Authors Nationality or Domicile:			
	<input type="checkbox"/> Citizen of (Name of Country)		<input type="checkbox"/> Domiciled in (Name of Country)	
28	Was this contribution to the work a “work made for hire? <input type="checkbox"/> YES <input type="checkbox"/> NO			
29	Was this Author’s contribution to the work: <u>Anonymous</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>Pseudonymous</u> <input type="checkbox"/> YES <input type="checkbox"/> NO			
30	Nature of Authorship: Briefly describe nature of material created by this author in which copyright is claimed:			
31	Name of <u>Third</u> Author		Dates of Birth and Death Year Born:                      Year Died:	
32	Current Street Address			
33	City	Country	State	Zip
34	Authors Nationality or Domicile:			
	<input type="checkbox"/> Citizen of (Name of Country)		<input type="checkbox"/> Domiciled in (Name of Country)	
35	Was this contribution to the work a “work made for hire? <input type="checkbox"/> YES <input type="checkbox"/> NO			
36	Was this Author’s contribution to the work: <u>Anonymous</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>Pseudonymous</u> <input type="checkbox"/> YES <input type="checkbox"/> NO			

Copyright Registration Client Questionnaire (continued)	
37	Nature of Authorship: Briefly describe nature of material created by this author in which copyright is claimed:
38	Year in which creation of this work was completed -YEAR:
39	<u>Date</u> and <u>Nation</u> of First Publication of <u>This</u> Particular Work (Complete this information ONLY if this work has been published) Month _____ Day _____ Year _____ Nation:
40	Copyright Claimant(s) Name and Address (Complete this item even if the Claimant is the same as the author given in 12, 21 and 30, above) NAME  ADDRESS  (Transfer – if the claimant(s) named here is (are) different from the author(s) named in 12, 21, and 30, above, give a brief statement of how the claimant(s) obtained ownership of the copyright.
41	<b>PREVIOUS REGISTRATION</b>
42	Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, why is another registration being sought? <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form. <input type="checkbox"/> This is the first application submitted by this author as copyright claimant. <input type="checkbox"/> This is a changed version of the work (*complete Item 43, below).  If YES, Previous Registration Number _____ Year of Registration _____ .
43	<b>DERIVATIVE WORK OR COMPILATION</b>
44	<i>Preexisting Material</i> (Identify any preexisting work or works that this work is based on or incorporates):
45	<i>Material Added To This Work</i> (Give a brief general statement of the material that has been added to this work and in which copyrights is claimed):

Copyright Registration Client Questionnaire (continued)

**If additional space is needed, number and insert below.**


46	<b>CERTIFICATION</b>
47	<p>I, the undersigned, hereby certify that I am the (CHECK only ONE):</p> <p><input type="checkbox"/> author</p> <p><input type="checkbox"/> other copyright claimant</p> <p><input type="checkbox"/> owner of exclusive right(s)</p> <p><input type="checkbox"/> authorized agent of _____</p> <p style="text-align: center;">(Name of author or other copyright claimant, or owner of exclusive right(s).)</p> <p>_____</p> <p>Printed Name <span style="margin-left: 200px;">Signature</span></p>

**ACKNOWLEDGEMENT and SIGNATURE**

I (We), acknowledge that the information provided by me in this Workbook is true and accurate to the best of my knowledge. I further acknowledge that I am going to do my own **Copyright Registration** and want the **POCKET LAWYER®** Document Preparation Service to assist me by performing certain document preparation services, according to my instructions. I will be solely responsible for the information contained in these documents and will have the opportunity to review the completed documents before they are filed. I understand that the **POCKET LAWYER** Document Preparation Service does not render legal advice or legal services and is acting solely at my direction and pursuant to my decisions. I further understand that I have the right to handle my own legal matters and act as my own attorney, but that the advice of an attorney may be necessary. The **POCKET LAWYER** Document Preparation Service encourages attorney participation and will provide a list of attorney referrals, at my request. I hereby relieve the **POCKET LAWYER** Document Preparation Service from any liability whatsoever, regarding this name change matter, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these documents.

Signature	Date
Print name	
Signature	Date
Print name	