

From: [PTAB Hearings](#)
To: [Chen, Joe](#); [PTAB Hearings](#)
Cc: [French-Brown, Wanda D.](#); [Suh, Howard S.](#); [Glynn, Michael W.](#); [McConnell, James H.](#); [De La Cruz, Gilda](#); [Modi, Naveen](#); ericdittmann@paulhastings.com
Subject: RE: Request to participate in the LEAP program for Jan 24, 2024 oral hearing; IPR2023-00070 & 00074
Date: Tuesday, January 16, 2024 11:46:34 AM
Attachments: [Joe Chen LEAP Practitioner Request and Verification Form.pdf](#)

Greetings,

Patent Owner's request that Joe G. Chen be permitted to participate in the oral hearing as a LEAP practitioner is granted. Patent Owner is granted an additional fifteen minutes of argument time during the oral hearing, and reminded that the LEAP practitioner is required to have a meaningful and substantive opportunity to argue. For guidance regarding LEAP, please visit the USPTO website: www.uspto.gov/leap.

Sincerely,

PTAB Hearings

From: Chen, Joe <joechen@foxrothschild.com>
Sent: Tuesday, January 16, 2024 10:40 AM
To: PTAB Hearings <PTABHearings@USPTO.GOV>
Cc: French-Brown, Wanda D. <WFrench-Brown@foxrothschild.com>; Suh, Howard S. <HSuh@foxrothschild.com>; Glynn, Michael W. <mglynn@foxrothschild.com>; McConnell, James H. <JMcConnell@foxrothschild.com>; De La Cruz, Gilda <gdelacruz@foxrothschild.com>
Subject: Request to participate in the LEAP program for Jan 24, 2024 oral hearing; IPR2023-00070 & 00074

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Your Honors,

This request for participating in the LEAP program, along with the attached LEAP Verification Form, are respectfully submitted for **Joe G. Chen, Ph.D.**, who will argue for San Rocco Therapeutics in the above-referenced oral hearing. If you need any further information, please let us know. Please kindly confirm your receipt of this request. Thank you.

Regards,
Joe

Joe Chen, Ph.D., J.D.

Associate

Fox Rothschild LLP

(609) 844-3024 - direct

(609) 896-1469 - fax

joechen@foxrothschild.com

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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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