**COMMONWEALTH OF MASSACHUSETTS**

**APPEALS COURT**

**Docket Number: {{ docket\_number }}**

**{{ users[0] }}**

**v.**

**{{ other\_parties[0] }}**

**On Appeal From** **{{ trial\_court }}**

**Appellee's Supplemental Record Appendix (S.R.A.)**

**Vol. 1 of {{ appendix\_volume\_total }}**

Date: {{ users[0].signature\_date }}

Your name: {{ users[0] }}

Your pronouns (optional): {{ users[0].pronouns }}

Your address: {{ users[0].address.address }}

Your phone number: {{ users[0].phone\_number }}

Your email address: {{ users[0].email }}

{{ supplemental\_record\_appendix\_document }}