COMMONWEALTH OF MASSACHUSETTS

APPEALS COURT

APPEALS COURT DOCKET NO. {{ appeals\_court\_docket\_number }}

{{ plaintiff\_name}}

PLAINTIFF(S)

v.

{{ defendant\_name }}

DEFENDANT(S)

**{{ user\_role }}** **motion FOR** **ENLARGEMENT OF TIME TO FILE** {% if enlargement\_choice == ’reply’ %} **REPLY** {% endif %}**BRIEF**{% if user\_role == ’APPELLANT’ %} **AND APPENDIX** {% endif %}

{%p if docketing\_statement %}

I have filed the required docketing statement pursuant to M.A.C. Rule 10.0

{%p endif %}

1. I am requesting that the Appeals Court, or a single justice thereof, issue an order enlarging the time for me to file by {% if enlargement\_choice == ’reply’ %} reply {% endif %}brief {% if user\_role == ’APPELLANT’ %}and appendix {% endif %}to {{ deadline\_request }}.
2. I have filed {{ previous\_request\_count}} prior requests to enlarge the time to file this {% if enlargement\_choice == ’reply’ %} reply {% endif %}brief{% if user\_role == ’APPELLANT’ %} and appendix{% endif %}. By operation of the Massachusetts Rules of Appellate Procedure or by prior order of the court, my {% if enlargement\_choice == ’reply’ %} reply {% endif %} brief{% if user\_role == ’APPELLANT’ %} and appendix {% endif %} is currently due on or before {{ current\_due\_date }}.
3. I require additional time to file my{% if enlargement\_choice == ’reply’ %} reply{% endif %}brief{% if user\_role == ’APPELLANT’ %} and appendix{% endif %} because:

{{ reason\_additional\_time }}

{{ date\_of\_completion }}

|  |
| --- |
| {{ users[0].name.full() }} |
| {{ users[0].address.block() }} |
| {{users[0].mobile\_number }} {{ users[0].phone\_number }} |
| {{ users[0].email }} |
|  |

CERTIFICATE OF SERVICE

Pursuant to Mass. R.A.P. 13 (d), I hereby certify under the penalties of perjury, that I have served or will serve the attached motion upon the attorney of record for each attorney of record, or if the party has no attorney then I made service directly on the self-represented party by {{ service\_choice }} to the following person(s) at the following physical or email address(es): {{ service\_information }}

I have made or will make service on {{ service\_date }}

{%p if i == “final” %}

{{ users[0].signature }}

{%p endif %}

Signed under the penalties of perjury,

{{ penalties\_perjury\_date }}

COMMONWEALTH OF MASSACHUSETTS

APPEALS COURT

APPEALS COURT DOCKET NO. {{ appeals\_court\_docket\_number }}

{{ plaintiff\_name}}

PLAINTIFF(S)

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DEFENDANT(S)

Exhibits

(Please attach all relevant documents from you trial court case and provide a list here)

1. {{ exhibit\_document.url\_for() }}
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_