**COMMONWEALTH OF MASSACHUSETTS**

**APPEALS COURT**

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

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

**v.**

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

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

**Informal Appellant Brief of {{ users[0] }}**

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

Your name: {{ users[0] }}

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

Your address: {{ users[0].address.address }}, {{ users[0].address.city }}, {{ users[0].address.state }} {{ users[0].address.zip }}

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

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

# Issues ON APPEAL

{{ appeal\_issues }}

# Case HISTORY

This case was filed in {{ trial\_court }} on {{ filed\_date }}.

Judge {{ judge\_name }} issued the decision on {{ decision\_date }}.

The following decisions/orders are challenged:

{{ challenged\_judgments }}

# Statement of the Facts

{{ appeal\_facts }}

# Argument

{{ appeal\_arguments }}

**CONCLUSION/RELIEF REQUESTED**

{{ appeal\_conclusion }}

Respectfully submitted,

{{ users[0].signature }}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: {{ users[0] }}

Your address: {{ users[0].address.address }}, {{ users[0].address.city }}, {{ users[0].address.state }} {{ users[0].address.zip }}

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

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

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

# Certificate of Service

I certify that on {{ users[0].signature\_date }}

I served a complete copy of this Informal Appellant Brief, Record Appendix, and Impounded Appendix (if necessary) on all parties, by sending it to the person(s) listed below using the email address(es) or physical mailing address(es) shown:

Name of other party or parties or their lawyer(s) who you served:

{{ other\_parties[0] }}

The email or physical mailing address(es) you sent the documents to:

{{ other\_parties[0].address.address }}, {{ other\_parties[0].address.city }}, {{ other\_parties[0].address.state }} {{ other\_parties[0].address.zip }}

{{ other\_parties[0].email }}

{{ users[0].signature }}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: {{ users[0] }}

Your address: {{ users[0].address.address }}, {{ users[0].address.city }}, {{ users[0].address.state }} {{ users[0].address.zip }}

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

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

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

{%p if filing\_mail %}

**FILING**

**Certificate of Mailing, Mass. R. A. P. 13 (a) (1) (B)**

Pursuant to Mass. R. A. P. 13 (a) (1) (B), I certify that on the following date, {{ users[0].signature\_date }}, which is a date on or before when this brief is due to be filed in the Appeals Court, I sent it by first-class mail or its equivalent to the Appeals Court.

{{ users[0].signature }}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: {{ users[0] }}

Your address: {{ users[0].address.address }}, {{ users[0].address.city }}, {{ users[0].address.state }} {{ users[0].address.zip }}Your phone number: {{ users[0].mobile\_number }}

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

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

{%p endif %}

{%p if filing\_institution %}

**FILING**

**Certificate of Mailing and Filing,**

**Mass. R. A. P. 13 (a) (1) (B) and 13 (a) (2)**

Pursuant to Mass. R. A. P. 13 (a) (1) (B) and 13 (a) (2), I certify that I am a self-represented party, am currently confined in a State or Federal institution, and that on the following date, {{ users[0].signature\_date }}, which is a date on or before when the brief is due to be filed in the Appeals Court, I deposited this brief in the institution's internal mail system for mailing to the Appeals Court.

{{ users[0].signature }}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: {{ users[0] }}

Your address: {{ users[0].address.address }}, {{ users[0].address.city }}, {{ users[0].address.state }} {{ users[0].address.zip }}Your phone number: {{ users[0].mobile\_number }}

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

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

{%p endif %}