

SCHEDULE

Part 4

Rule 49.80B(1)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80B-A

Form of simplified dissolution of civil partnership application under section 117(3)(c) of the Civil Partnership Act 2004

FORM 49.80B-A

Rule 49.80B(1)

Form of simplified dissolution of civil partnership application under section 117(3)(c) of the Civil Partnership Act 2004

Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP WITH CONSENT OF OTHER PARTY TO THE CIVIL PARTNERSHIP (CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST TWO YEARS)

Before completing this form, you should have read the leaflet entitled “Do it yourself Dissolution”, which explains the circumstances in which a dissolution of a civil partnership may be sought by this method. If the simplified procedure appears to suit your circumstances, you may use this form to apply for dissolution of your civil partnership.

Below you will find directions designed to assist you with your application. Please follow them carefully. In the event of difficulty, you may contact the Court’s Extracts Department at the above address, or any Sheriff Clerk’s Office or Citizen’s Advice Bureau.

Directions for making Application

WRITE IN INK, USING BLOCK CAPITALS

- | | |
|--|--|
| Application
(Part 1) | 1. Complete and sign Part 1 of the form (pages 3-7), paying particular attention to the notes opposite each section. |
| Consent of
civil partner
(Part 2) | 2. When you have filled in Part 1 of the form, attach the (blue) Instruction Sheet SP3 to it and send both documents to your civil partner for completion of the consent at Part 2 (page 9).
NOTE: If your civil partner does NOT complete and sign the form of consent, your application cannot proceed further under the simplified procedure. In that event, if you still wish to obtain a dissolution of your civil partnership, you should consult a solicitor. |
| Affidavit
(Part 3) | 3. When the application has been returned to you with the Consent (Part 2) duly completed and signed, you should then take the form to a Justice of the Peace, Notary Public, Commissioner for Oaths or other duly authorised person so that your affidavit at Part 3 (page 10) can be completed and sworn. |
| Returning
completed
Application
Form to court | 4. When directions 1-3 above have been carried out, your application is now ready to be sent to the court. With it you must enclose:
(i) an extract of the registration of your civil partnership in the civil partnership register (the document headed “Extract of an entry in the Register of Civil Partnerships”), which will be returned to you in due course, or an equivalent document, and
(ii) Either a cheque or postal order in respect of the court fee, crossed and made payable to “the Scottish Court Service”,
or a completed form SP15, claiming exemption from the court fee.
5. Receipt of your application will be promptly acknowledged. Should you |

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

wish to withdraw the application for any reason, please contact the court immediately.

THE NOTES ON THIS AND THE FOLLOWING PAGES ARE DESIGNED TO ASSIST YOU. PLEASE READ THEM CAREFULLY BEFORE COMPLETING EACH SECTION OF THE FORM.

Notes on Sections 1 and 2 opposite

- (i) The names entered in sections 1 and 2 opposite must be those shown on your extract of registration of civil partnership. If you are known by another name which does not appear on that extract, please write the name in brackets.
- (ii) The surname given for a female civil partner must be her maiden surname. Any names from previous marriages should be entered in the space for other names.
- (iii) Home address should be given where these are known. The court is required by law to serve a copy of this application on your civil partner.

Note on Section 3 opposite

“Domiciled” means that the person concerned regards Scotland as his/her permanent home and intends to live permanently in Scotland in the foreseeable future.

Notes on Section 4 opposite

You will be able to obtain these details from your extract of registration of civil partnership which must accompany this application form, when you send it to the court.

A photocopy of the extract of registration of civil partnership will NOT be accepted. If you cannot find the original you should apply for an official copy to:

General Register Office (Scotland), Registration Section, New Register House,
Edinburgh, EH1 3YT, or the office where the civil partnership was registered.

stating both civil partner’s full names, and the date and place of registration of the civil partnership.

(Note that the Registrar will charge a fee for this service.)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 1

WRITE IN INK, USING BLOCK CAPITALS

1. NAME AND ADDRESS OF APPLICANT

Surname.....	Other name(s)
Present	in full.....
Address.....	
.....	Daytime telephone number (if
	any).....

2. NAME AND ADDRESS OF CIVIL PARTNER

Surname.....	Other name(s)
Present	in full.....
Address.....	
.....	Daytime telephone number (if
	any).....

3. JURISDICTION

Please indicate with a tick (✓) in the appropriate box or boxes which of the following apply:

PART A

- (i) My civil partner and I are habitually resident in Scotland
- (ii) My civil partner and I were last habitually resident in Scotland, and one of us still resides there
- (iii) My civil partner is habitually resident in Scotland
- (iv) I am habitually resident in Scotland having resided there for at least a year immediately before this application was made

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

- (v) I am habitually resident in Scotland having resided there for at least six months immediately before this application was made and am domiciled in Scotland

If you have ticked one of the boxes in Part A, you do not have to complete Part B or C. You should complete either Part B or Part C if you have not ticked any of the boxes in Part A

PART B

- (i) No court has, or is recognised as having, jurisdiction under regulations made under section 219 of the Civil Partnership Act 2004

AND

- (ii) I am domiciled in Scotland
(iii) My civil partner is domiciled in Scotland

PART C

- (i) My civil partner and I are registered civil partners of each other in Scotland

AND

- (ii) No court has, or is recognised as having jurisdiction under regulations made under section 219 of the Civil Partnership Act 2004

AND

- (iii) It is in the interests of justice for the Court of Session to assume jurisdiction in the case. (Please give reasons below).

4. DETAILS OF PRESENT CIVIL PARTNERSHIP

Place of Registration of Civil Partnership.....(Registration District)

Date of Registration of Civil Partnership: Day.....month.....year.....

Notes on Section 5 opposite

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

You and your civil partner must have lived apart from each other for a continuous period of at least two years after the date of registration of your civil partnership and immediately before the date of this application.

This minimum period of two years' separation is extended if you and your civil partner have lived together again for **not more than six months in all** during that two year period. For example, if you lived together for three months in total during the two year period, then you should not complete this application until two years and three months have elapsed from the date of your original separation.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Notes on Section 6 opposite

Is there a reasonable chance that you can still settle the differences with your civil partner and resume normal family life?

Are you satisfied that there is now no possibility of the civil partnership succeeding?

Notes on Section 7 opposite

If your civil partner is not prepared to sign the form of consent at Part 2 of this application you will not obtain a dissolution of your civil partnership by this method.

Note on Section 9 opposite

“Children of the family” includes any children accepted into the family.

5. PERIOD OF SEPARATION

(i) Please state the date on which you ceased to live with your civil partner. (If more than 2 years, just give the month and year) Day.....Month.....Year.....

(ii) Have you lived with your civil partner since that date? YES NO
(Tick box which applies)

(iii) If yes, for how long in total did you live together before finally separating again?months

6. RECONCILIATION YES NO
Is there any reasonable prospect of reconciliation with your civil partner?
(Tick box which applies)

Do you consider that the civil partnership has broken down irretrievably? YES NO
(Tick box which applies)

7. CONSENT YES NO
Does your civil partner consent to a dissolution of the civil partnership being granted?
(Tick box which applies)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

8. MENTAL DISABILITY

Is your civil partner incapable of managing his/her affairs because of a mental disorder (whether illness or deficiency)? (If yes, give details)

YES

NO

(Tick box which applies)

9. CHILDREN

Are there any children of the family under the age of 16?

YES

NO

(Tick box which applies)

10. OTHER COURT ACTIONS

Are you aware of any court actions currently proceeding in any country (including Scotland) which may affect your civil partnership?

YES

NO

(If yes, give details)

(Tick box which applies)

Notes on Section 11 opposite

No claim can be made in this form of dissolution application for payment to you of a periodical allowance (*i.e.* regular payment of money weekly, monthly, etc. for your maintenance) or a capital sum (*i.e.* lump sum). If you wish to make such a claim, you should consult a solicitor.

NOTE: While it may be possible to obtain an order for periodical allowance after dissolution of a civil partnership, the right to payment of a capital sum is lost once decree of dissolution is granted.

11. REQUEST FOR DISSOLUTION OF THE CIVIL PARTNERSHIP AND DISCLAIMER OF FINANCIAL PROVISION

I confirm that the facts stated in Sections 1-10 above apply to my civil partnership.

I do NOT ask the court to make any financial awards in connection with this application.

I request the court to grant decree of dissolution of my civil partnership.

.....

(Date)

(Signature)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

IMPORTANT

Part 1 **MUST** be completed, signed and dated before sending the application form to your civil partner.

NOTES ON COMPLETING PART 2 OPPOSITE (page 9)

1. Read over carefully PART 1 (pages 3-7) of this application, which has already been completed by your civil partner.

2. Financial Provisions

Please note that in section 11 of Part 1, the Applicant states that he/she does NOT claim any financial awards by way of periodical allowance or capital sum. You also are required to state (items (c) and (d) opposite) that you make no claim upon the Applicant for payment of a periodical allowance or capital sum.

Note: While it may be possible to obtain an order for **periodical allowance** after dissolution of a civil partnership, the right to payment of a **capital sum** is lost once decree of dissolution is granted.

3. Warning

Dissolution of your civil partnership may result in the loss to you of property rights (e.g. the right to succeed to the Applicant's estate on his/her death) or the right, where appropriate, to a pension.

(If you are in any doubt about signing the form of consent you should consult a solicitor.)

PART 2

CONSENT BY APPLICANT'S CIVIL PARTNER TO DISSOLUTION OF CIVIL PARTNERSHIP

NOTE: Before completing this part of the form, please read the notes opposite (page 8)

I,

(Full name, in BLOCK letters, of Applicant's civil partner)

residing at.....

.....

.....

(Address, also in BLOCK letters)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

HEREBY STATE THAT

- (a) I have read Part 1 of this application;
- (b) the Applicant has lived apart from me for a continuous period of two years immediately preceding the date of the application (Section 11 of Part 1);
- (c) I do not ask the court to make any order for payment to me by the Applicant of a periodical allowance (*i.e.* a regular payment of money weekly or monthly, etc., for maintenance);
- (d) I do not ask the court to make any order for payment to me by the Applicant of a capital sum (*i.e.* a lump sum payment);
- (e) I understand that dissolution of my civil partnership may result in the loss to me of property rights; and
- (f) **I CONSENT TO DECREE OF DISSOLUTION BEING GRANTED IN RESPECT OF THIS APPLICATION**

.....

(Date) (Signature)

NOTE: You may withdraw your consent, even after giving it, at any time before the dissolution of the civil partnership is granted by the court. Should you wish to do so, you must immediately advise—

The Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ

**PART 3
APPLICANT'S AFFIDAVIT**

To be completed only after Parts 1 and 2 have been signed and dated.

I, (*Insert Applicant's full name*).....

residing at (*insert Applicant's present home address*).....

.....

Town.....Country.....

SWEAR that to the best of my knowledge and belief:

- (1) the facts stated in Part 1 of this Application are true; and
- (2) the signature in Part 2 of this application is that of my civil partner.

Signature of Applicant.....

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

To be completed by
Justice of the Peace,
Notary Public or
Commissioner for
Oaths

SWORN at *(insert place)*.....
this.....day of.....20.....
before me *(insert full name)*.....
(insert full address).....
.....
.....
Signature.....
*Justice of the Peace/ Notary Public/Commissioner for Oaths
* Delete as appropriate

Rule 49.80B(2)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80B-B

Form of simplified dissolution of civil partnership application under section 117(3)(d) of the Civil Partnership Act 2004

FORM 49.80B-B

Rule 49.80B(2)

Form of simplified dissolution of civil partnership application under section 117(3)(d) of the Civil Partnership Act 2004

Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP

(CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST FIVE YEARS)

Before completing this form, you should have read the leaflet entitled “Do it yourself Dissolution”, which explains the circumstances in which a dissolution of a civil partnership may be sought by this method. If the simplified procedure appears to suit your circumstances, you may use this form to apply for dissolution of your civil partnership.

Below you will find directions designed to assist you with your application. Please follow them carefully. In the event of difficulty, you may contact the Court’s Extracts Department at the above address, or any Sheriff Clerk’s Office or Citizen’s Advice Bureau.

Directions for making Application

WRITE IN INK, USING BLOCK CAPITALS

- | | |
|---|---|
| Application (Part 1) | 1. Complete and sign Part 1 of the form (pages 3-7), paying particular attention to the notes opposite each section. |
| Affidavit (Part 2) | 2. When you have completed Part 1, you should then take the form to a Justice of the Peace, Notary Public, Commissioner for Oaths or other duly authorised person so that your affidavit at Part 2 (page 8) can be completed and sworn. |
| Returning completed Application Form to court | 3. When directions 1 and 2 above have been carried out, your application is now ready to be sent to the court. With it you must enclose:
(i) an extract of the registration of your civil partnership in the civil partnership register (the document headed “Extract of an entry in the Register of Civil Partnerships”), which will be returned to you in due course, or an equivalent document. If you do not know the address of your civil partner and your civil partnership was registered in Scotland you also need to obtain a letter from the General Register Office stating that there is no record of your civil partner having dissolved your civil partnership. If you required this letter it should be obtained not more than one month before posting off your application form:
General Register Office (Scotland)
Registration Branch
New Register House
Edinburgh EH1 3YT and
(ii) Either a cheque or postal order in respect of the court fee, crossed and made payable to “Scottish Court Service”, or a completed form SP15, claiming exemption from the court fee. |
| | 4. Receipt of your application will be promptly acknowledged. Should you wish to withdraw the application for any reason, please contact the court |

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

immediately.

THE NOTES ON THIS AND THE FOLLOWING PAGES ARE DESIGNED TO ASSIST YOU. PLEASE READ THEM CAREFULLY BEFORE COMPLETING EACH SECTION OF THE FORM.

Notes on Sections 1 and 2 opposite

- (i) The names entered in sections 1 and 2 opposite must be those shown on your extract of registration of civil partnership. If you are known by another name which does not appear on that extract, please write the name in brackets.
- (ii) The surname given for a female civil partner must be her maiden surname. Any names from previous marriages should be entered in the space for other names.
- (iii) Home address should be given where these are known. The court is required by law to serve a copy of this application on your civil partner.

Note on Section 3 opposite

If the address of your civil partner is NOT known or cannot reasonably be ascertained, please enter “not known” in this section; you must take all reasonable steps to find out where your civil partner is living and state on a separate sheet what steps you have taken and attach it to this form. then proceed to section 4.

N.B. The statement must be signed

Notes on Section 4 opposite

In the event that the address of your civil partner is unknown to you, the court is required by law to intimate a copy of this application to:

- (i) ONE of the next-of-kin of your civil partner. (“Next-of-kin” does not include yourself or any children of the family for the purposes of this application.)
- (ii) All children of the family aged 16 years or over, whether or not they live with you.

When entering details of next-of-kin, if any, please state his or her relationship to your civil partner (i.e.—“mother”, “father”, “brother”, “sister”, etc.)

If you do not know the identity or whereabouts of any of the next-of-kin of your civil partner, or the whereabouts of any children of the family, please enter “not known” where appropriate.

EXTRACT OF REGISTRATION OF CIVIL PARTNERSHIP— If you do not know the address of your civil partner and your civil partnership was registered in Scotland, you will require to obtain an extract of the registration of your civil partnership issued by the Registrar not more than one month before the date of posting this application to the court. In order to obtain an up-to-date extract of the registration of your civil partnership, you should apply to:

General Register Office (Scotland), Registration Branch, New Register House, Edinburgh EH1 3YT or the office where the civil partnership was registered,

stating both your and your civil partner’s full names and the date and place of registration of your civil partnership.

(Note that the registrar will charge a fee for this service.)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

The requirement to obtain an up-to-date extract of the registration of your civil partnership does not apply if your civil partnership was registered outwith Scotland.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 1

WRITE IN INK, USING BLOCK CAPITALS

1. NAME AND ADDRESS OF APPLICANT

Surname..... Other name(s)
Present in full.....
Address.....
..... Daytime telephone number (if
any).....

2. NAME OF CIVIL PARTNER

Surname..... Other name(s)
in full.....

3. ADDRESS OF CIVIL PARTNER (if the address of your civil partner is not known, please enter "not known" and proceed to Section 4)

Present Daytime telephone number (if
Address..... any).....
.....

4. Only complete this section if you do not know the present address of your civil partner

NEXT-OF-KIN

Name..... Address.....
.....
.....

Relationship to your civil
partner.....

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

CHILDREN OF THE FAMILY

Names and dates of birth	Addresses
.....
.....
.....
.....

If sufficient space is not available here to list all the children of the family, please continue on a separate sheet and attach to this form.

Notes on Section 5 opposite

“Domiciled” means that the person concerned regards Scotland as his/her permanent home and intends to live permanently in Scotland in the foreseeable future.

Notes on Section 6 opposite

You will be able to obtain these details from your extract of the registration of your civil partnership, which must accompany this application form when you send it to the court.

A photocopy of the extract of registration of the civil partnership will NOT be accepted.

Notes on Section 7 opposite

You and your civil partner must have lived apart from each other for continuous period of at least 5 years and after the date of registration of your civil partnership and immediately before the date of this application.

This minimum period of 5 years separation is extended if you and your civil partner have lived together again for **not more than 6 months in all** during that 5 year period. For example, if you have lived together for 3 months in total during the 5 year period, then you should not complete this application until 5 years and 3 months have elapsed from the date of your original separation.

Notes on Section 8 opposite

Is there a reasonable chance that you can still settle the differences with your civil partner and resume normal family life?

Are you satisfied that there is now no possibility of the civil partnership succeeding?

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 1 (continued)

5. JURISDICTION

Please indicate with a tick (✓) in the appropriate box or boxes which of the following apply:

PART A

- (i) My civil partner and I are habitually resident in Scotland
- (ii) My civil partner and I were last habitually resident in Scotland, and one of us still resides there
- (iii) My civil partner is habitually resident in Scotland
- (iv) I am habitually resident in Scotland having resided there for at least a year immediately before this application was made
- (v) I am habitually resident in Scotland having resided there for at least six months immediately before this application was made and am domiciled in Scotland

If you have ticked one of the boxes in Part A, you do not have to complete Part B or C. You should complete either Part B or Part C if you have not ticked any of the boxes in Part A

PART B

- (i) No court has, or is recognised as having, jurisdiction under regulations made under section 219 of the Civil Partnership Act 2004

AND

- (ii) I am domiciled in Scotland
- (iii) My civil partner is domiciled in Scotland

PART C

- (i) My civil partner and I are registered civil partners of each other in Scotland

AND

- (ii) No court has, or is recognised as having jurisdiction under regulations made under section 219 of the Civil Partnership Act 2004

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

6. DETAILS OF PRESENT CIVIL PARTNERSHIP

Place of Registration of Civil Partnership.....(Registration District)

Date of Registration of Civil Partnership: Day.....month.....year.....

7. PERIOD OF SEPARATION

(i) Please state the date on which you ceased to live with your civil partner. (If more than 5 1/2 years, just give the month and year) Day.....Month.....Year.....

(ii) Have you lived with your civil partner since that date? YES NO
(Tick box which applies)

8. RECONCILIATION

YES NO

Is there any reasonable prospect of reconciliation with your civil partner?
(Tick box which applies)

Do you consider that the civil partnership has broken down irretrievably? YES NO
(Tick box which applies)

Note on Section 10 opposite

“Children of the family” includes any children accepted into the family.

Notes on Section 12 opposite

No claim can be made in this form of dissolution application for payment to you of a periodical allowance (*i.e.* regular payment of money, weekly, monthly etc. for your maintenance) or a capital sum (*i.e.* lump sum). If you wish to make such a claim, you should consult a solicitor.

NOTE: While it may be possible to obtain an order for periodical allowance after dissolution of your civil partnership, the right to payment of a capital sum is lost once decree of dissolution is granted.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 1 (continued)

9. MENTAL DISABILITY

YES NO

As far as you are aware is your civil partner incapable of managing his/her affairs because of a mental disorder (whether illness or deficiency) (If yes, give details)

(Tick box which applies)

10. CHILDREN

YES NO

Are there any children of the family under the age of 16?

(Tick box which applies)

11. OTHER COURT ACTIONS

YES NO

Are you aware of any court actions currently proceeding in any country (including Scotland) which may affect your civil partnership?

(If yes, give details)

(Tick box which applies)

12. DECLARATION AND REQUEST FOR DISSOLUTION OF CIVIL PARTNERSHIP

I confirm that the facts stated in Sections 1-11 above apply to my civil partnership.

I do not ask the court to make any financial awards in connection with this application.

I believe that no grave financial hardship will be caused to my civil partner as a result of granting this application.

I request the court to grant decree of dissolution of my civil partnership.

.....
(Date)

.....
(Signature of Applicant)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 2

APPLICANT'S AFFIDAVIT

To be completed only after Part 1 has been signed and dated.

I, *(Insert Applicant's full name)*.....

residing at *(insert Applicant's present home address)*.....

.....

Town.....Country.....

SWEAR that to the best of my knowledge and belief the facts stated in Part 1 of this Application are true.

Signature of Applicant.....

To be completed by
Justice of the Peace,
Notary Public or
Commissioner for
Oaths

SWORN at *(insert place)*.....

this.....day of.....20.....

before me *(insert full name)*.....

(insert full address).....

.....

.....

Signature.....

*Justice of the Peace/ Notary Public/Commissioner for Oaths

* Delete as appropriate

Rule 49.80B(3)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80B-C

**Form of simplified dissolution of civil partnership application
under section 117(2)(b) of the Civil Partnership Act 2004**

FORM 49.80B-C

Rule 49.80B(3)

**Form of simplified dissolution of civil partnership application under section 117(2)(b) of the
Civil Partnership Act 2004**

Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP

(ISSUE OF INTERIM GENDER RECOGNITION CERTIFICATE)

Before completing this form, you should have read the leaflet entitled “Do it yourself Dissolution”, which explains the circumstances in which a dissolution of a civil partnership may be sought by this method. If the simplified procedure appears to suit your circumstances, you may use this form to apply for dissolution of your civil partnership.

Below you will find directions designed to assist you with your application. Please follow them carefully. In the event of difficulty, you may contact the Court’s Extracts Department at the above address, or any Sheriff Clerk’s Office or Citizen’s Advice Bureau.

Directions for making Application

WRITE IN INK, USING BLOCK CAPITALS

- | | |
|--|--|
| Application
(Part 1) | 1. Complete and sign Part 1 of the form (pages 3-7), paying particular attention to the notes opposite each section. |
| Affidavit
(Part 2) | 2. When you have completed Part 1, you should then take the form to a Justice of the Peace, Notary Public, Commissioner for Oaths or other duly authorised person so that your affidavit at Part 2 (page 8) can be completed and sworn. |
| Returning
completed
Application
Form to court | 3. When directions 1 and 2 above have been carried out, your application is now ready to be sent to the court. With it you must enclose:
(i) an extract of the registration of your civil partnership in the civil partnership register (the document headed “Extract of an entry in the Register of Civil Partnerships”), which will be returned to you in due course, or an equivalent document. If you do not know the address of your civil partner and your civil partnership was registered in Scotland you also need to obtain a letter from the General Register Office stating that there is no record of your civil partner having dissolved your civil partnership. If you required this letter it should be obtained not more than one month before posting off your application form:
General Register Office (Scotland)
Registration Branch
New Register House
Edinburgh EH1 3YT;
(ii) the interim gender recognition certificate or a certified copy of it; and
(iii) Either a cheque or postal order in respect of the court fee, crossed and made payable to “Scottish Court Service”,
or a completed form SP15, claiming exemption from the court fee. |
| | 4. Receipt of your application will be promptly acknowledged. Should you wish to withdraw the application for any reason, please contact the court immediately. |

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

The surname given for a female civil partner must be her maiden surname. Any names from previous marriages should be entered in the space for other names.

THE NOTES ON THIS AND THE FOLLOWING PAGES ARE DESIGNED TO ASSIST YOU. PLEASE READ THEM CAREFULLY BEFORE COMPLETING EACH SECTION OF THE FORM.

Notes on Sections 1 and 2 opposite

- (i) The names entered in sections 1 and 2 opposite must be those shown on your extract of registration of civil partnership. If you are known by another name which does not appear on that extract, please write the name in brackets.
- (ii) The surname given for a female civil partner must be her maiden surname. Any names from previous marriages should be entered in the space for other names.
- (iii) Home address should be given where these are known. The court is required by law to serve a copy of this application on your civil partner.

Note on Section 3 opposite

If the address of your civil partner is NOT known or cannot reasonably be ascertained, please enter “not known” in this section; you must take all reasonable steps to find out where your civil partner is living and state on a separate sheet what steps you have taken and attach it to this form. then proceed to section 4.

N.B. The statement must be signed

Notes on Section 4 opposite

In the event that the address of your civil partner is unknown to you, the court is required by law to intimate a copy of this application to:

- (i) ONE of the next-of-kin of your civil partner. (“Next-of-kin” does not include yourself or any children of the family for the purposes of this application.)
- (ii) All children of the family aged 16 years or over, whether or not they live with you.

When entering details of next-of-kin, if any, please state his or her relationship to your civil partner (i.e.—“mother”, “father”, “brother”, “sister”, etc.)

If you do not know the identity or whereabouts of any of the next-of-kin of your civil partner, or the whereabouts of any children of the family, please enter “not known” where appropriate.

EXTRACT OF REGISTRATION OF CIVIL PARTNERSHIP— If you do not know the address of your civil partner and your civil partnership was registered in Scotland, you will require to obtain an extract of the registration of your civil partnership issued by the Registrar not more than one month before the date of posting this application to the court. In order to obtain an up-to-date extract of the registration of your civil partnership, you should apply to:

General Register Office (Scotland), Registration Branch, New Register House, Edinburgh EH1 3YT or the office where the civil partnership was registered,

stating both your and your civil partner’s full names and the date and place of registration of your civil partnership.

(Note that the registrar will charge a fee for this service.)

The requirement to obtain an up-to-date extract of the registration of your civil partnership does not apply if your civil partnership was registered outwith Scotland.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 1

WRITE IN INK, USING BLOCK CAPITALS

1. NAME AND ADDRESS OF APPLICANT

Surname..... Other name(s)
Present in full.....
Address.....
..... Daytime telephone number (if
any).....

2. NAME OF CIVIL PARTNER

Surname..... Other name(s)
in full.....

3. ADDRESS OF CIVIL PARTNER (if the address of your civil partner is not known, please enter "not known" and proceed to Section 4)

Present Daytime telephone number (if
Address..... any).....
.....

4. Only complete this section if you do not know the present address of your civil partner

NEXT-OF-KIN

Name..... Address.....
.....
.....

Relationship to your civil
partner.....

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 1 (continued)

CHILDREN OF THE FAMILY

Names and dates of birth	Addresses
.....
.....
.....

If sufficient space is not available here to list all the children of the family, please continue on a separate sheet and attach to this form.

Notes on Section 5 opposite

“Domiciled” means that the person concerned regards Scotland as his/her permanent home and intends to live permanently in Scotland in the foreseeable future.

Notes on Section 6 opposite

You will be able to obtain these details from your extract of the registration of your civil partnership, which must accompany this application form when you send it to the court.

A photocopy of the extract of registration of the civil partnership will NOT be accepted.

5. JURISDICTION

Please indicate with a tick (✓) in the appropriate box or boxes which of the following apply:

PART A

- (i) My civil partner and I are habitually resident in Scotland
- (ii) My civil partner and I were last habitually resident in Scotland, and one of us still resides there
- (iii) My civil partner is habitually resident in Scotland
- (iv) I am habitually resident in Scotland having resided there for at least a year immediately before this application was made
- (v) I am habitually resident in Scotland having resided there for at least six months immediately before this application was made and am domiciled in Scotland

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

If you have ticked one of the boxes in Part A, you do not have to complete Part B or C. You should complete either Part B or Part C if you have not ticked any of the boxes in Part A

PART B

(i) No court has, or is recognised as having, jurisdiction under regulations made under section 219 of the Civil Partnership Act 2004

AND

(ii) I am domiciled in Scotland

(iii) My civil partner is domiciled in Scotland

PART C

(i) My civil partner and I are registered civil partners of each other in Scotland

AND

(ii) No court has, or is recognised as having jurisdiction under regulations made under section 219 of the Civil Partnership Act 2004

AND

(iii) It is in the interests of justice for the Court of Session to assume jurisdiction in the case. (Please give reasons below).

6. DETAILS OF PRESENT CIVIL PARTNERSHIP

Place of Registration of Civil Partnership.....(Registration District)

Date of Registration of Civil Partnership: Day.....month.....year.....

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART 1 (continued)

7. DETAILS OF ISSUE OF INTERIM GENDER RECOGNITION CERTIFICATE

(i) Please state whether the interim gender recognition certificate has been issued to you or your civil partner.

(ii) Please state the date the interim gender recognition certificate was issued. Day.....Month.....Year.....

Note on Section 9 opposite

“Children of the family” includes any children accepted into the family.

Notes on Section 11 opposite

No claim can be made in this form of dissolution application for payment to you of a periodical allowance (*i.e.* regular payment of money, weekly, monthly etc. for your maintenance) or a capital sum (*i.e.* lump sum). If you wish to make such a claim, you should consult a solicitor.

NOTE: While it may be possible to obtain an order for periodical allowance after dissolution of your civil partnership, the right to payment of a capital sum is lost once decree of dissolution is granted.

8. MENTAL DISABILITY

YES NO

As far as you are aware is your civil partner incapable of managing his/her affairs because of a mental disorder (whether illness or deficiency) (If yes, give details)

(Tick box which applies)

9. CHILDREN

YES NO

Are there any children of the family under the age of 16?

(Tick box which applies)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

10. OTHER COURT ACTIONS

YES

NO

Are you aware of any court actions currently proceeding in any country (including Scotland) which may affect your civil partnership?

(If yes, give details)

(Tick box which applies)

11. DECLARATION AND REQUEST FOR DISSOLUTION OF CIVIL PARTNERSHIP

I confirm that the facts stated in Sections 1-10 above apply to my civil partnership.

I do not ask the court to make any financial awards in connection with this application.

I request the court to grant decree of dissolution of my civil partnership.

.....

(Date)

(Signature of Applicant)

PART 2

APPLICANT'S AFFIDAVIT

To be completed only after Part 1 has been signed and dated.

I, (Insert Applicant's full name).....

residing at (insert Applicant's present home address).....

.....

Town..... Country.....

SWEAR that to the best of my knowledge and belief the facts stated in Part 1 of this Application are true.

Signature of Applicant.....

To be completed by Justice of the Peace, Notary Public or Commissioner for Oaths SWORN at (insert place).....

this..... day of.....20.....

before me (insert full name).....

(insert full address).....

.....

.....

Signature.....

*Justice of the Peace/ Notary Public/Commissioner for Oaths

* Delete as appropriate

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80E-A

Form of citation in simplified dissolution of civil partnership application under section 117(3)(c) of the Civil Partnership Act 2004

FORM 49.80E-A

Rule 49.80E(3)

Form of citation in simplified dissolution of civil partnership application under section 117(3)(c) of the Civil Partnership Act 2004

CITATION

Date: *(Date of posting or other method of service)*

To:
.....
.....

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP (WITH CONSENT OF OTHER PARTY TO THE CIVIL PARTNERSHIP) CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST TWO YEARS

You are hereby served with an application by your civil partner which asks the court to grant a decree of dissolution of your civil partnership.

If you wish to oppose the granting of such a decree, you should put your reasons in writing and send your letter to the address shown below. Your letter must reach the court by *(insert date on which period of notice expires)*.

(Signed)

Deputy Principal Clerk of Session

[or authorised clerk of session]

[or Messenger-at-Arms]

(Address)

IMPORTANT NOTE. If you wish to exercise your right to claim a financial award you should immediately advise the court that you oppose the application for that reason, and thereafter consult a solicitor.

Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ
Tel: 0131-225-2595

Rule 49.80E(3)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80E-B

Form of citation in simplified dissolution of civil partnership application under section 117(3)(d) of the Civil Partnership Act 2004

FORM 49.80E-B

Rule 49.80E(3)

Form of citation in simplified dissolution of civil partnership application under section 117(3)(d) of the Civil Partnership Act 2004

CITATION

Date: *(Date of posting or other method of service)*

To:
.....
.....

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP. CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST FIVE YEARS

Your civil partner has applied to the court for a decree of dissolution of your civil partnership on the ground your civil partnership has broken down irretrievably because you and (s)he have lived apart for a period of at least five years.

A copy of the application is hereby served on you.

1. Please note—

- (a) that the court may not make a financial award under this procedure and that your civil partner is making no claim against you for payment of a periodical allowance (*i.e.* regular payment of money weekly, monthly, etc., for his *or* her] maintenance or a capital sum (*i.e.* lump sum);
- (b) that your civil partners states that you will not suffer grave financial hardship in the event of decree of dissolution of your civil partnership being granted.

2. Dissolution of your civil partnership may result in the loss to you of property rights (*e.g.* the right to succeed to the applicant’s estate on his/her death) or the right, where appropriate, to a pension.

3. If you wish to oppose the granting of such a dissolution of your civil partnership, you should put your reasons in writing and send your letter to the address shown below. Your letter must reach the court by (*insert date on which period of notice expires*).

4. In the event of the dissolution of your civil partnership being granted, you will be sent a copy of the extract decree. (Should you change your address before receiving the copy extract decree, please notify the court immediately.)

(Signed)

Deputy Principal Clerk of Session

[*or* authorised clerk of session]

[*or* Messenger-at-Arms]

(Address)

IMPORTANT NOTE. If you wish to exercise your right to claim a financial award you should immediately advise the court that you oppose the application for that reason, and thereafter consult a solicitor.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ
Tel: 0131-225-2595

Rule 49.80E(3)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80E-C

Form of citation in simplified dissolution of civil partnership application under section 117(2)(b) of the Civil Partnership Act 2004

FORM 49.80E-C

Rule 49.80E(3)

Form of citation in simplified dissolution of civil partnership application under section 117(2)(b) of the Civil Partnership Act 2004

CITATION

Date: *(Date of posting or other method of service)*

To:
.....
.....

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP. INTERIM GENDER RECOGNITION CERTIFICATE ISSUED TO ONE OF THE CIVIL PARTNERS AFTER REGISTRATION OF THE CIVIL PARTNERSHIP.

Your civil partner has applied to the court for a decree of dissolution of your civil partnership on the ground that an interim gender recognition certificate has been issued to you or your civil partner after your civil partnership was registered.

A copy of the application is hereby served on you.

1. Please note that the court may not make a financial award under this procedure and that your civil partner is making no claim against you for payment of a periodical allowance (*i.e.* regular payment of money weekly, monthly, etc., for his [*or her*] maintenance or a capital sum (*i.e.* lump sum));
2. Dissolution of your civil partnership may result in the loss to you of property rights (*e.g.* the right to succeed to the applicant's estate on his/her death) or the right, where appropriate, to a pension.
3. If you wish to oppose the granting of such a dissolution of your civil partnership, you should put your reasons in writing and send your letter to the address shown below. Your letter must reach the court by (*insert date on which period of notice expires*).
4. In the event of the dissolution of your civil partnership being granted, you will be sent a copy of the extract decree. (Should you change your address before receiving the copy extract decree, please notify the court immediately.)

(Signed)

Deputy Principal Clerk of Session

[*or authorised clerk of session*]

[*or Messenger-at-Arms*]

(Address)

IMPORTANT NOTE. If you wish to exercise your right to claim a financial award you should immediately advise the court that you oppose the application for that reason, and thereafter consult a solicitor.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ
Tel: 0131-225-2595

Rule 49.80E(4)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80E-D

Form of intimation to child or next-of-kin in simplified dissolution of civil partnership application under section 117(3)(d) or 117(2)(b) of the Civil Partnership Act 2004

FORM 49.80E-D

Rule 49.80E(4)

Form of intimation to child or next-of-kin in simplified dissolution of civil partnership application under section 117(3)(d) or 117(2)(b) of the Civil Partnership Act 2004

CITATION

Date: *(Date of posting or other method of service)*

To:
.....
.....

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP. CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST FIVE YEARS OR ISSUE OF INTERIM GENDER RECOGNITION CERTIFICATE AFTER REGISTRATION OF THE CIVIL PARTNERSHIP

.....(Applicant) v(Respondent)

TAKE NOTICE

1. In the above application, a copy of which is enclosed, the applicant has indicated that you are the *(state relationship)* of *(name of respondent)* whose present address is not known to the applicant.

2. Should you know the present address of your *(state relationship)* or how he [or she] may be contacted, you are requested to give this information at once in writing to—

Court of Session
Extracts Department (SP)
Parliament House
Edinburgh EH1 1RQ
Tel: 0131-225-2595

This will enable the court to inform the respondent that the application has been made.

3. If you are unable to provide the above information, and/or you wish for your own interest to oppose the application for dissolution of the civil partnership, you should write to the above address by *(insert date on which period of time expires)*.

(Signed)

Deputy Principal Clerk of Session
[or authorised clerk of session]
[or Messenger-at-Arms]

(Address)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Rule 49.780E(5)

FORM 49.80E-E

Form of certificate of service of simplified dissolution application

FORM 49.80E-E

Rule 49.780E(5)

Form of certificate of service of simplified dissolution application

CERTIFICATE OF SERVICE [or INTIMATION]

I, *(name)*, Deputy Principal Clerk of Session [or *clerk of session authorised by him*], certify that I served [or intimated] this simplified dissolution application by *(name of applicant)* on [or to] *(name of person on whom service executed or to whom intimation given)* by posting it with a citation [or notice of intimation] in Form *(number of form)* to that person between *(time)* and *(time)* on *(date)* at *(name of post office)* in a registered envelope [or recorded delivery envelope] address as follows:—*(address)*. The Post Office receipt [or certificate of posting] is attached to this certificate.

(Signed)

Deputy Principal Clerk of Session

[or authorised clerk of session]

[or Messenger-at-Arms]

(Address)

(Signed)

Witness

Rule 49.780E(5)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 49.80E-F

Form of certificate of service of simplified dissolution application by messenger-at-arms

FORM 49.80E-F

Rule 49.780E(5)

Form of certificate of service of simplified dissolution application by messenger-at-arms

CERTIFICATE OF SERVICE [or INTIMATION]

I, *(name)*, Messenger-at-Arms, certify that I served [or intimated] this simplified dissolution application [and notice of intimation] on [or to] *(name of person on whom served or to whom intimated)*—

- ❖ by leaving it and a citation [or notice] with *(name of person)* at *(place)* at *(time)* on *(date)*.
- ❖ by leaving it and a citation [or notice] with *(name and occupation of person with whom left)* at *(place)* on *(date)*. *(Specify that enquiry made and that reasonable grounds exist for believing that the person on whom service is to be made or to whom intimation is to be given resident the place but is not available)*.
- ❖ by depositing it and a citation [or notice] in *(place)* on *(date)*. *(Specify that enquiry made and that reasonable grounds exist for believing that the person on whom service is to be made or to whom intimation is to be given resident the place but is not available)*.
- ❖ by leaving it and a citation [or notice] with *(name and occupation of person with whom left)* at *(place of business)* on *(date)*. *(Specify that enquiry made and that reasonable grounds exist for believing that the person on whom service is to be made or to whom intimation is to be given resident the place but is not available)*.
- ❖ by depositing it and a citation [or notice] at *(place of business)* on *(date)*. *(Specify that enquiry made and that reasonable grounds exist for believing that the person on whom service is to be made or to whom intimation is to be given resident the place but is not available)*.
- ❖ by leaving it and a citation [or notice] at *(registered office or place of business)* on *(date)*, in the hands of *(name of person)*.
- ❖ by leaving [or depositing] it and a citation [or notice] at *(registered office, official address or place of business)* on *(date)*, in such a way as it was likely to come to the attention of *(name of person on whom served or to whom intimated)*. *(Specify how left)*.

I did this in the presence of *(name, occupation and address of witness)*.

(Signed)

Messenger-at-Arms

(Address)

(Signed)

Witness