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SCHEDULE

Rule 33A.67(2)

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FORM CP30

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

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Rule 33A.67(2)

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

Sheriff Clerk

Sheriff Court House

.....

.....

(Telephone).....

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 any sheriff clerk's office or Citizen 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. |
| Affidavits (Part 2) | 2. When you have completed Part 1, you should 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) may be completed and sworn. |
| Returning completed application form to court | <p>3. When directions 1-2 above have been complied with, your application is now ready to be sent to the sheriff clerk at the above address. With it you must enclose:</p> <p>(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. Check the notes on page 2 to see if you need to obtain a letter from the General Register Office stating that there is no record of your civil partner having dissolved the civil partnership, and</p> <p>(ii) either a cheque or postal order in respect of the court fee, crossed and made payable to "the Sheriff Clerk",</p> <p>or a completed form SP15, claiming exemption from the court fee.</p> <p>4. Receipt of your application will be promptly acknowledged. Should you wish to withdraw the application for any reason, please contact the sheriff clerk immediately.</p> |

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PART 1

WRITE IN INK, USING BLOCK CAPITALS

1. NAME AND ADDRESS OF APPLICANT

Surname.....

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

.....

Present 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" in this paragraph and proceed to paragraph 4)

Present address.....

.....

.....

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

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

NEXT-OF-KIN

Name.....

Address.....

.....

.....

Relationship to your civil partner.....

CHILDREN OF THE FAMILY

Names and dates of birth

Addresses

.....

.....

.....

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If insufficient space is available to list all the children of the family, please continue on a separate sheet and attach to this form.

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 or more of the boxes in Part A, you should go direct to Part C. You should only complete Part B if you have not ticked any of the boxes in Part A.

PART B

- (i) I am domiciled in Scotland
- (ii) My civil partner is domiciled in Scotland
- (iii) No court has, or is recognised as having, jurisdiction under regulations made under section 219 of the Civil Partnership Act 2004

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PART C

- (i) I have lived at the address shown above for at least 40 days immediately before the date I signed this application _____
- (ii) My civil partner has lived at the address shown above for at least 40 days immediately before the date I signed this application _____
- (iii) I lived at the address shown above for a period of at least 40 days ending not more than 40 days before the date I signed this application and have no known residence in Scotland at that date _____
- (iv) My civil partner lived at the address shown above for a period of at least 40 days ending not more than 40 days before the date I signed this application and has no known residence in Scotland at that date _____

6. DETAILS OF PRESENT CIVIL PARTNERSHIP

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

Date of Registration of Civil Partnership: Day monthyear.

7. PERIOD OF SEPARATION

- (i) Please state the date on which you ceased to live with your civil partner (If more than 5 years, just give the month and year)
Day.....Month.....Year.....
- (ii) Have you lived with your civil partner since that date? *|YES/NO|
- (iii) If yes, for how long in total did you live together before finally separating again?
.....months

8. RECONCILIATION

Is there any reasonable prospect of reconciliation with your civil partner? *|YES/NO|

Do you consider that the civil partnership has broken down irretrievably? *|YES/NO|

9. MENTAL DISORDER

Is your civil partner suffering from any mental disorder (whether illness or handicap)? (If yes, give details) *|YES/NO|

10. CHILDREN

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Are there any children of the family under the age of 16? * [YES/NO]

11. 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)

* Delete as appropriate

12. DECLARATION AND REQUEST FOR DISSOLUTION OF THE CIVIL PARTNERSHIP

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

I do NOT ask the sheriff to make any financial provision in connection with this application.

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

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

Date Signature of Applicant

PART 2

APPLICANT'S AFFIDAVIT

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

I, (*insert Applicant's full name*)

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

.....

.....

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

Signature of Applicant.....

SWORN at (*insert place*),

To be completed by this..... day of.....20.....

Justice of the Peace, before me (*insert full name*).....

Notary Public or Commissioner for (*insert full address*).....

Oaths

.....

.....

Signature.....

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

* Delete as appropriate