

Status: This is the original version (as it was originally made).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

SCHEDULE

Rule 33A.69(3)(b)

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FORM CP33

Form of citation in application relying on facts in section 117(3)(d) of the Civil Partnership Act 2004

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Rule 33A.69(3)(b)

Form of citation in application relying on facts in section 117(3)(d) of the Civil Partnership Act 2004

(Insert name and address of non applicant civil partner)

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

Your civil partner has applied to the sheriff for dissolution of your civil partnership on the ground that the civil partnership has broken down irretrievably because you and he or she have lived apart for a period of at least five years.

A copy of the application is hereby served upon you

1. Please note:

- (a) that the sheriff may not make financial provision under this procedure and that your civil partner is making no claim for—
 - (i) the payment by you of a periodical allowance (i.e. a regular payment of money weekly or monthly, etc. for maintenance);
 - (ii) the payment by you of a capital sum (i.e. a lump sum payment),
- (b) that your civil partner 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 or her death) or the right, where appropriate, to a pension

3. If you wish to oppose the granting of a decree of 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 sheriff clerk before *(insert date)*.

4. In the event of the decree of 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 sheriff clerk immediately.

Signed

Sheriff clerk (depute)

(insert address and telephone number of the sheriff clerk)

[or Sheriff officer]

NOTE: If you wish to exercise your right to make a claim for financial provision you should immediately advise the sheriff clerk that you oppose the application for that reason, and thereafter consult a solicitor.