

**SPD**

**Under the Civil Partnership Act 2004, Section 117(3)(c)  
Simplified Procedure**

Address of Court      Sheriff Clerk  
                                 Sheriff Court House

Tel:

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

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 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 Citizens 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 completed 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, 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 take the form to a Justice of the Peace, Notary Public, Commissioner for Oaths or other duly authorised person so that your affidavit in Part 3 (page 10) may be completed and sworn.

Returning Completed Application Form to Court      4. When directions 1 - 3 above have been all been complied with, your application is now ready to be sent to the Sheriff Clerk at the above address. 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 for the Court fee, crossed and made payable to "Scottish Court Service" or a completed fee exemption form.

5. Receipt of your application will be promptly acknowledged. Should you wish to withdraw the application for any reason, please contact the Sheriff Clerk 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.**

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*Notes on Sections 1 and 2 opposite*

- (i) The names entered in Sections 1 and 2 opposite should be those shown on your extract of the registration of your civil partnership certificate. If you are known by another name which does not appear on that certificate, please write that name in brackets.
  - (ii) The maiden name and any names from previous marriages of a female partner should be entered in the space for other names.
  - (iii) Home addresses should be given where these are known. The Court is required by law to serve a copy of this application on your civil partner.
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*Note on Section 3 opposite*

- (i) 'Domiciled' means that the person concerned at Item (i) or (iii) opposite regards Scotland as his/her permanent home and intends to live permanently in Scotland in the foreseeable future.
  - (i) You must be able to tick at least one box in each of Parts **A and C** or in Parts **B and C**. If your circumstances do not allow you to do that you may still be able to make an application but you should consult the Sheriff Clerk at the address shown on the front of the form before going any further.
  - (ii) 'Habitual residence' means that the person has his/her main residence in Scotland, it is not enough for a person to make his occasional residence within the territory.
  - (iii) For information on which countries are "member states" referred to in the regulations made under section 219 of the Civil Partnership Act 2004 contact your local Sheriff Clerks Office
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WRITE, IN INK USING BLOCK CAPITALS

1. NAME AND ADDRESS OF APPLICANT

Surname .....

Other names(s) .....

Present Address .....

in full .....

.....

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

.....

2. NAME AND ADDRESS OF CIVIL PARTNER

Surname .....

Other names(s) .....

Present Address .....

in full .....

.....

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

*Notes on Section 4 opposite*

You will be able to obtain these details from the extract of the registration of your civil partnership (Extract of an entry in the Register of Civil Partnerships) which must accompany this application form, when you send it to the Court.

**A photocopy of the civil partnership registration certificate 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, in writing, or by e-mailing the form at <http://www.gro-scotland.gov.uk/contacts/contact-form.html>, or

the office where the civil partnership was registered,

stating both civil partners' full names, and date and place of the civil partnership registration.

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

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*Notes on Section 5 opposite*

You and your civil partner must have lived apart from each other for a continuous period of at least 1 year after the date of the registration of your civil partnership and immediately before the date of this application.

This minimum period of 1 year separation is extended if you and your civil partner have lived together again for **not more than 6 months in all** during that 1 year period. For example, if you lived together for 3 months in total during the 1 year period, then you should not complete this application until 1 year and 3 months has elapsed from the date of your original separation.

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*Notes on Section 6 opposite*

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

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

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*Note 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.

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**PART 1**(continued)

**SPD**

**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 have 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


**4. DETAILS OF PRESENT CIVIL PARTNERSHIP**

Place of Registration of Civil Partnership \_\_\_\_\_ (Registration District)

Date of Registration of Civil Partnership: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**5. PERIOD OF SEPARATION**

- (i) Please state the date on which you ceased to live with your civil partner. (If more than 1 year, just give the month and year)

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

**6. RECONCILIATION**

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

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

**7. CONSENT**

Does your spouse consent to a divorce being granted? *(Tick box which applies)* YES  NO

*Note on Section 9 opposite*

'Children of the family' includes any adopted children and/or children accepted into the family.

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*Notes on Section 11 opposite*

Disclaimer of financial provisions means

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, the right to payment of a capital sum is lost once decree of dissolution of the civil partnership is granted.

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**8. MENTAL DISORDER**

Does your civil partner have a mental disorder?  
(whether illness, personality disorder or learning disability)  
*(Tick box which applies)*

YES

NO

(If yes, give details below)

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**9. CHILDREN**

Are there any children of the family under the age of 16?  
*(Tick box which applies)*

YES

NO

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**10. OTHER COURT ACTIONS**

Are you aware of any Court actions currently proceeding in  
any country (including Scotland) which may affect your civil  
partnership? *(Tick box which applies)*

YES

NO

(If yes, give details)

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**11. REQUEST FOR DISSOLUTION OF 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 sheriff to make any financial provision in connection with this application.

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

(Date) \_\_\_\_\_

(Signature of applicant) \_\_\_\_\_

**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 (item c. 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 your 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 inherit from the Applicant's estate on his/her death) or the right, in some cases, to a widow's pension.

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

**NOTICE TO CONSENTING CIVIL PARTNER**

Name .....

Address ..... (*of consenting civil partner*)

.....

**CONSENT TO APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP (CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST ONE YEAR)**

In Part 1 of the enclosed application form your civil partner is applying for dissolution of your civil partnership on the ground that the civil partnership has broken down irretrievably because you and he (*or s/he*) have lived apart for at least one year and you consent to the dissolution being granted.

Such consent must be given formally in writing at Part 2 of the application form. BEFORE completing that part, you are requested to read it over carefully so that you understand the effect of consenting to the dissolution of the civil partnership. Thereafter if you wish to consent-

- (a) check the details given by the Applicant at Part 1 of the form to ensure that they are correct to the best of your knowledge;
- (b) complete Part 2 (Consent by Applicant's civil partner to dissolution) by entering your name and address at the appropriate place and adding your signature and the date; and
- (c) return the whole application form to your civil partner at the address given in Part 1.

Once your civil partner has completed the remainder of the form and has submitted it to the court, a copy of the whole application (including your consent) will later be served upon you formally by the sheriff clerk.

In the event of the dissolution of the civil partnership being granted, you will automatically 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.)

If you do NOT wish to consent please return the application form, with Part 2 uncompleted, to your civil partner and advise him or her of your decision.

The Sheriff will NOT grant a dissolution of your civil partnership on this application if Part 2 of the form is not completed by you.

Sheriff Clerk (depute) .....

Sheriff Court (insert address) .....

**CONSENT BY APPLICANT’S CIVIL PARTNER TO DISSOLUTION OF CIVIL PARTNERSHIP**

**NOTE: Before completing this Part of the form, please read Part 1 and the notes opposite (page 8).**

1.

.....  
(Insert Full names, in **BLOCK** letters, of Applicant’s civil partner)

residing at

.....  
(Insert Address, also in **BLOCK** letters)

**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 1 year immediately preceding the date of the application (Paragraph 11 of Part 1);
- c. I do not ask the Sheriff to make any financial provision for me including –
  - (i) The payment by the Applicant of a periodical allowance (i.e. a regular payment of money weekly or monthly, etc for maintenance),
  - (ii) The payment by the Applicant of a capital sum (i.e. a lump sum payment);
- d. I understand that dissolution of my civil partnership may result in the loss to me of property rights; and
- e. **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 Sheriff. Should you wish to do so, you must immediately contact the Sheriff Clerk at:

Address of Court

Tel:

**APPLICANT'S AFFIDAVIT**

**To be completed by the Applicant only after Parts 1 and 2 have been signed and dated.**

1. (insert Applicant's full name)

\_\_\_\_\_

residing at (insert Applicant's present home address)

\_\_\_\_\_

\_\_\_\_\_

**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

\_\_\_\_\_

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

SWORN at (Place)

\_\_\_\_\_

this \_\_\_\_\_ day of 20

before me (full name)

\_\_\_\_\_

(full address)

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

\*Delete as appropriate

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