

**SPE**

**Under the Civil Partnership Act 2004, Section 117(3)(d)**

**Simplified Procedure**

Address of Court      Sheriff Clerk  
                                 Sheriff Court House

Tel:

**APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP (CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST 2 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 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<br>(Part 1)                                | 1. Complete and sign Part 1 of the form (pages 3-8), paying particular attention to the notes opposite each section   |
| Affidavit<br>(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 in Part 2 (page 9) may be completed and sworn.  |
| Returning<br>Completed<br>Application<br>Form to Court | 3. When directions 1 and 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:<br><br>(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 also need to obtain a letter from General Register Office stating that there is no record of your civil partner having dissolved the civil partnership, and<br><br>(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. |
|  | 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.   |

**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. 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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*Notes on Section 4 opposite*

If you do not know the address of your civil partner, the Court is required by law to send 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 civil partnership for the purposes of this application). (Children of the civil partnership includes any adopted children, and/or children accepted into the family)
- (ii) ALL children of your family aged 16 years or over, whether or not they live with you.

When entering the details of the 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 of the children of your civil partnership, please enter "not known" where appropriate.

**LETTER FROM GENERAL REGISTER OFFICE.**

If you do not know the address of your civil partner and your civil partnership was registered in Scotland, you must obtain a letter from the General Register Office stating that there is no record that your civil partner has had your civil partnership dissolved.

The letter must be issued not more than one month before the date of posting this application to the Court. If you require to obtain a letter you should apply to:

General Register Office (Scotland), Registration Branch, New Register House, Edinburgh EH1 3YT.

stating both civil partners' full names, the date and place of registration of your civil partnership and requesting that a search be made to confirm that there is no record that your civil partner has had your civil partnership dissolved. (Note — a fee will be charged for this service).

The requirement to obtain a letter from General Register Office does not apply if your civil partnership was registered outwith Scotland.

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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 OF CIVIL PARTNER

|         |                |
|---------|----------------|
| Surname | Other names(s) |
|         | in full        |

3. ADDRESS OF CIVIL PARTNER

(if the address of your civil partner is **not** known, please enter "not known" in this section and proceed to paragraph 4)

|                 |                                   |
|-----------------|-----------------------------------|
| Present Address |                                   |
|                 | Daytime telephone number (if 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 |         |

CHILDREN OF THE FAMILY

|                          |           |
|--------------------------|-----------|
| Names and dates of birth | Addresses |
|--------------------------|-----------|

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

*Note on Section 5 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.
- (ii) 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.
- (iii) '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.
- (iv) 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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*Notes on Section 6 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 partner's full names, and date and place of registration of civil partnership.

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

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**PART 1**(continued)

**SPE**

**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

**AND**

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

**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

**6. 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 7 opposite*

You and your civil partner must have lived apart from each other for a continuous period of at least 2 years after the date of registration of your civil partnership and immediately before the date of this application.

This minimum period of 2 year separation is extended if you and your civil partner have lived together again for **not more than 6 months in all** during that 2 year period. For example, if you lived together for 3 months in total during the 2 year period, then you should not complete this application until 2 years and 3 months has elapsed from the date of your original separation.

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*Notes on Section 8 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 10 opposite*

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

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

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**7. 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? *(Tick box which applies)*
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|
- (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? *(Tick box which applies)*
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|
- Do you consider that the civil partnership has broken down irretrievably? *(Tick box which applies)*
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

**9. MENTAL DISORDER**

- Does your civil partner have a mental disorder? (whether illness, personality disorder or learning disability) *(Tick box which applies)*
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|
- (If yes, give details below)

**10. CHILDREN**

- Are there any children of the family under the age of 16? *(Tick box which applies)*
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

**11. 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 | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|
- (If yes, give details below)

**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 Court to make any financial provision in connection with this application.

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

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

**APPLICANT'S AFFIDAVIT**

**To be completed only after Part 1 has 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 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 (Place)

\_\_\_\_\_

this

\_\_\_\_\_

day of

20

before me (full name)

\_\_\_\_\_

(insert full address)

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

\*Delete as appropriate

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