

**Form
49.80B-A
(SPD)**

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

**Rule
49.80B(1)**

Court of Session
General Department
Parliament House
Edinburgh EH1 1RQ

Tel: 0131 225 2595

**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 the Court’s General Department at the above address or any 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, send the form 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 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 all 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 “Scottish Court and Tribunal Service”, or a completed form SP15 claiming exemption from the Court fee.

5. Receipt of your application will be promptly acknowledged. Should you 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 partner must be her maiden name. 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.

Notes on Section 3 opposite

“Domiciled” means that the person concerned at Item (i) or (ii) opposite regards Scotland as his/her permanent home and intends to live permanently in Scotland in the foreseeable future.

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 AND ADDRESS OF CIVIL PARTNER

Surname _____

Other name(s) in full _____

Present 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) I am domiciled in Scotland on the date I signed this application

(ii) My civil partner is domiciled in Scotland on the date I signed this application

(iii) I was habitually resident in Scotland throughout the period of one year ending with the date I signed this application

(iv) My civil partner was habitually resident in Scotland throughout the period of one year ending with the date I signed this application

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

PART B

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

AND

(ii) No court has, or is recognised as having, jurisdiction

AND

(iii) It is in the interests of justice for the Court of Session to assume jurisdiction in the case

(Please give reasons below)

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:

National Records of 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.)

Notes of Section 5 opposite

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

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

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 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.

PART 1 (continued)

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7. CONSENT

Does your civil partner consent to a dissolution of the civil partnership being granted? (*Tick box which applies*)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Note on Section 9 opposite

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

PART 1 (continued)

8. MENTAL DISORDER

As far as you are aware, does your civil partner have any mental disorder? (whether mental illness, personality disorder or learning disability)
(Tick box which applies)

YES

NO

(If yes, give details)

9. CHILDREN

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

YES

NO

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)

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 of applicant) _____

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 doubt about signing this form of consent, you should consult a solicitor.)

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 Court.

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

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 names, in **BLOCK** letters, of Applicant's civil partner)

residing at

(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;
- (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 dissolution of the civil partnership is granted by the Court. Should you wish to do so, you must immediately advise:

The Court of Session
General Department
Parliament House
Edinburgh EH1 1RQ

Tel: 0131 240 6741

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 _____

To be completed by Justice of the Peace, Notary Public, or Commissioner for Oaths SWORN at (insert place) _____
this _____ day off _____ 20 _____

before me (insert full name) _____

(insert full address) _____

Signature _____

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

* Delete where not applicable