

**Form
49.80B-C
(SPF)**

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

**Rule
49.80B(3)**

Court of Session
General Department
Parliament House
Edinburgh EH1 1RQ

Tel: 0131 225 2595

**APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP (INTERIM GENDER
RECOGNITION CERTIFICATE ISSUED TO ONE OF THE CIVIL PARTNERS AFTER
THE REGISTRATION OF THE CIVIL PARTNERSHIP)**

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. |
| Affidavit
(Part 2) | 2. When you have completed Part 1, you should then 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 | 3. When directions 1 and 2 above have been carried out, your application is now ready to be sent to the Court. With it you must enclose:
<ul style="list-style-type: none">(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 National Records of Scotland stating that there is no record of your civil partner having dissolved the civil partnership;(ii) the interim gender recognition certificate or a certified copy of it; and(iii) either a cheque or postal order in respect of the court fee, crossed and made payable to “Scottish Court and Tribunal Service”, or completed form SP15 claiming exemption from the Court fee.. |
| | 4. 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

If the address of your civil partner is NOT known or cannot be reasonably ascertained, please enter “not known” in this section; you must take all reasonable steps to find out where your civil partner is living and state on a separate sheet what steps you have taken and attach it to this form, then proceed to section 4.

N.B. The statement must be signed.

Notes on Section 4 opposite

In the event that the address of your civil partner is unknown to you, the Court is required by law to intimate 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 family for the purposes of this application.)
- (ii) All children of the family aged 16 years or over, whether or not they live with you. (“Children of the family” includes any adopted children, and or children accepted into the family.)

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 the family, please enter “not known” where appropriate.

LETTER FROM NATIONAL RECORDS OF SCOTLAND: 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 National Records of Scotland stating that there is no record that your civil partner has had the 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:

National Records of Scotland, Registration Branch, New Register House, Edinburgh EH1 3YT,

stating both civil partners’ full names, the date and place of your 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 the civil partnership dissolved. (Note – a fee will be charged for this service.)

The requirement to obtain a letter from National Records of Scotland does not apply if your civil partnership was registered outwith Scotland.

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 section and proceed to section 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 sufficient space is not available here to list all the children of the family, please continue on a separate sheet and attach to this form.

Notes on Section 5 opposite

“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.

Notes on Section 6 opposite

You will be able to obtain these details from the extract of 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:

National Records of Scotland, Registration Section, New Register House, Edinburgh EH1 3YT or the office where the civil partnership was registered, in writing,

or by e-mailing the form at <http://www.gro-scotland.gov.uk/contacts/contact-form.html>

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.)

PART 1 (continued)

5. 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)

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 will be able to obtain the details required at (ii) from the interim gender recognition certificate which must accompany this application form, when you send it to the Court.

A photocopy of the interim gender recognition certificate will NOT be accepted.

If the principal interim gender recognition certificate is not available, a copy certified by the Gender Recognition Panel should be lodged instead. This can be obtained from the Gender Recognition Panel at PO Box 6987, Leicester, LE1 6ZX, or at <http://www.grp.gov.uk>

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

PART 1 (continued)

7. DETAILS OF ISSUE OF INTERIM GENDER RECOGNITION CERTIFICATE

- (i) Please state whether the interim gender recognition certificate has been issued to you or your civil partner _____
- (ii) Please state the date the interim gender recognition certificate was issued Day _____ Month _____ Year _____

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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(If yes, give details)

9. 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"/>
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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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(If yes, give details)

11. DECLARATION AND REQUEST FOR DISSOLUTION OF CIVIL PARTNERSHIP

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 from my civil partnership.

(Date) _____ (Signature of applicant) _____

PART 2

APPLICANT'S AFFIDAVIT

To be completed only after Part 1 has 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 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 (*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 as appropriate