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SCHEDULE

Rule 33A.67(1)

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FORM CP29

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

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Rule 33A.67(1)

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

Sheriff Clerk

Sheriff Court House

.....
.....

(Telephone).....

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP WITH CONSENT OF OTHER PARTY TO THE CIVIL PARTNERSHIP (CIVIL PARTNERS HAVING LIVED APART FOR AT LEAST TWO 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 the 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 Citizen 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 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 at Part 3 (page 10) may be completed and sworn. |
| Returning
completed
application
form to court | 4. When directions 1-3 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:

2
(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). |

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or an equivalent document, and

(ii) either a cheque or postal order in respect of the court fee, crossed and made payable to "the Sheriff Clerk".

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 sheriff clerk immediately.

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 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) 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

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- (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
- (iii) No court has, or is recognised as having, jurisdiction under 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 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

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- (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 2 years, just give the month and year)

Day:Month:Year:

- (ii) Have you lived with your civil partner since that date? *[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? *[YES/NO]

Do you consider that the civil partnership has broken down irretrievably? *[YES/NO]

7. CONSENT

Does your civil partner consent to a dissolution of the civil partnership being granted? *[YES/NO]

8. MENTAL DISORDER

Is your civil partner suffering from any mental disorder (whether illness or handicap)?(If yes, give details) *[YES/NO]

9. CHILDREN

Are there any children of the family under the age of 16? *[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? (If yes, give details) *[YES/NO]

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* Delete as appropriate

11. REQUEST FOR DISSOLUTION OF THE CIVIL PARTNERSHIP AND DISCLAIMER OF FINANCIAL PROVISION

I confirm that the facts stated in paragraphs 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 sheriff 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.

PART 2

NOTICE TO CONSENTING CIVIL PARTNER

(Insert name and address of consenting civil partner)

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

In Part 1 of the enclosed application form your civil partner is applying for dissolution of your civil partnership on the ground the civil partnership has broken down irretrievably because you and he [or she] have lived apart for at least two years 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.

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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,

(Insert full name, 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 two years 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, please contact the sheriff clerk immediately.

**PART 3
APPLICANT'S AFFIDAVIT**

To be completed by the Applicant 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)*.....

.....

.....

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.

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Signature of Applicant... ..

SWORN at (insert place)

To be completed by Justice of the Peace, this. day of 20

Notary Public or before me (insert full name).

Commissioner for (insert full address)

Oaths

Signature.....

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

* Delete as appropriate