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SCHEDULE

Rule 33A.67(3)

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FORM CP31

Form of simplified dissolution of a civil partnership application on grounds under section 117(2)(b) of the Civil Partnership Act 2004

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Rule 33A.67(3)

Form of simplified dissolution of a civil partnership application on grounds under section 117(2)(b) of the Civil Partnership Act 2004

Sheriff Clerk

Sheriff Court House

.....
.....

(Telephone).

APPLICATION FOR DISSOLUTION OF A CIVIL PARTNERSHIP (INTERIM GENDER RECOGNITION CERTIFICATE ISSUED TO ONE OF THE CIVIL PARTNERS AFTER 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 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. |
| Affidavits
(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 at Part 2 (page 8) may be completed and sworn. |
| Returning
completed
application
form to court | <p>3. When directions 1-2 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:</p> <p>(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 need to obtain a letter from the General Register Office stating that there is no record of your civil partner having dissolved the civil partnership,</p> <p>(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, and</p> <p>(iii) the interim gender recognition certificate or a copy sealed with the seal of the Gender Recognition Panels and certified to be a true copy by an officer authorised by the President of Gender Recognition Panels.</p> |

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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.

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 paragraph and proceed to paragraph 4)

Present address.....

.....

.....

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

4 Only complete this paragraph if you do not know the present address of your civil partner

NEXT-OF-KIN

Name.....

Address.....

.....

.....

Relationship to your civil partner.....

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CHILDREN OF THE FAMILY

Names and dates of birth	Addresses
.....
.....
.....
.....

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

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

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- (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 _____
- (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.....

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

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

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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? * [YES/NO] (If yes, give details)

* Delete as appropriate

11. DECLARATION AND REQUEST FOR DISSOLUTION OF THE CIVIL PARTNERSHIP

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.....

PART 2

APPLICANT'S AFFIDAVIT

To be completed by the Applicant only after Part 1 has 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 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 of 20

before me (insert full name),

(insert full address).....

.....

.....

Signature.....

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

* Delete as appropriate