



Brett W. Ligon
District Attorney
9th Judicial District
207 W. Phillips, 2nd Floor
Conroe, TX 77301

District Attorney Medical Request Form

Email Form to damedrequest@mctx.org

Patient Name: _____

Request Date: _____

Phone Number: _____

Email: _____

Mailing Address: _____

My name is _____, my date of birth is _____. I am
patient of _____. I am requesting my medical records from
_____ to November 4, 2019.

To submit request, e-mail damedrequest@mctx.org or in person to the receptionist on the 2nd floor of the District Attorney's Office located at 207 W. Phillips, Conroe, Texas 77304. Requests will be processed in the order received. We will copy the records onto a CD and you will be contacted when your request is ready for pick up. Picking up records must be done in person and you must show a picture identification and fill out and sign a release form. For questions e-mail damedrequest@mctx.org or call Melody Pena at (936) 539-7988.

Additional Comments: