PHIL GRANT
Judge, 9th Judicial District
LISA MICHALK
Judge, 221st Judicial District
CARA WOOD
Judge, 284th Judicial District
KATHLEEN A HAMILTON
Judge, 359th Judicial District
JENNIFER ROBIN
Judge, 410th Judicial District
TRACY GILBERT
Judge, 418th Judicial District
PATTY MAGINNIS
Judge, 435th Judicial District
DENNIS D WATSON
Judge, County Court at Law# I
MARY ANN TURNER
Judge, County Court at Law#4
KEITH M STEWART
Judge, County Court at Law#4
Judge, County Court at Law#4



MONTGOMERY COUNTY DEPARTMENT OF COMMUNITY SUPERVISION AND CORRECTIONS

2245 North First Street Conroe, Texas 77301 (936) 538-8200 RON LEACH Director

TOM ROCHE Deputy Director

BOBBY LIGHT Deputy Director

Re: Narcotic/Habit forming medication

To: Montgomery County Department of Com	munity Supervision and Corrections (MCDCSC)
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Per my conversation with(Defendant's Name)	, I Dr (Dr 's Na	do ame)
acknowledge that(Defend			
(Detend	ant's Name)		(Court)
and is currently (check one of	the following): Supervi	ising officer will com	olete this section.
☐ on conditions of bond with MCDCSC for the alleged offense of:			(Offense)
☐ on probation with MCI	OCSC for the offense of:		(Offense)
in probation with wor	JCSC for the offense of.	_	(Offense)
This patient was seen for a me	edical appointment on		. He/She is under my care
		(Date)	
for(Medical Condition)	He/She is currently p	prescribed (Name of Medication)	
At this time there is no non-na	cotic, alternative medica	ntion that may be sub	ostituted. The estimated
end date for the use of this me	dication is(Date)		
If you have any questions or com	ments, please don't hesitat	e to contact our office.	
**I acknowledge and understan (from the date this letter is sign		be provided to the co	ourt every 90 days
(Dr.'s Name, Signature, Information	on)	-	Today's Date)